

**ALLENDALE CHARTER TOWNSHIP
Rental Housing Department**

**6676 Lake Michigan Drive – PO Box 539
Allendale MI 49401**

*A new form must be filled out every year

Contact Number: 616-895-6295 ext 34
Date of Application _____
Registration Number _____
(For Office Use Only)
Total # of Units _____ Year Built _____
Total # of Bedrooms _____
*Attach Tenant Information Sheet
for each rental unit (new forms required every year)

Registration Fee if received on or before September 15th: \$15.00 (Multiply by # of Units) _____
Registration Fee if received after September 15th or if found in Non Compliance: \$30.00 (Multiply by # of Units) _____
A Re-Inspection Fee may be assessed.
**Make Checks Payable to:
Allendale Charter Township**

RENTAL PROPERTY INFORMATION **PARCEL NUMBER:**

Street address of rental property

Number of units within rental property

Classification of rental property (for example: Apartment, Condo, Duplex, House, Townhouse, Quadplex)

ZONING CLASSIFICATION (for example: R1A, R1B, R2, R3, R4, PUD with description)

MAXIMUM NUMBER OF TENANTS PERMITTED IN EACH RENTAL UNIT (DETERMINED BY ZONING CLASSIFICATION) _____

OWNER INFORMATION* (REQUIRED)

Name of Registered Owner(s)

Address

Phone Number

E-mail Address

RESPONSIBLE LOCAL AGENT INFORMATION* (REQUIRED – MUST BE A PERSON)

Name of Responsible Local Agent (RLA)

Address

Phone Number

E-mail Address

Cell Phone Number

Fax Number

AUTHORIZED INDIVIDUAL TO ORDER OR MAKE REPAIRS

Name

Address

Phone Number

Cell Phone Number

PERSON AUTHORIZED TO COLLECT RENT FROM TENANTS

Name

Address

Phone Number

Cell Phone Number

SIGNATURE (Owner) _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE (Responsible Local Agent) _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT