402 Coleman A Young Municipal Center,
2 Woodward Ave., Detroit, MI 48226
Phone #313-628-2451
www.detroitmi.gov/rental

APPLICATION FOR REGISTRATION OF RENTAL HOUSING

☐ **Initial Registration**
☐ **Renewal Registration**
☐ **Change of Ownership**

ADDRESS OF RENTAL PROPERTY_____Zip:_____

Type of Dwelling: (Circle One)	Room & Board	Rooming House	One Family	Two Family	Apt. Bldg.	Condo, Townhouse Other

Number of Dwelling Units Rented: Apartment/Residences_____ Sleeping Rooms_____
Section 8 Housing if ☐ Yes (attach affidavit and copy of inspections summary) Units_____ , No ☐

Owner's Name

Home Address City State Zip Code

Home Number Business Number Cell Number Email Address

Name of Partnership or Corporation:_____

IF PARTNERSHIP OR CORPORATION, LIST PARTNERS OR OFFICERS BELOW (If more space is required, please attach additional sheet.)

Name of Partner or Officer Title Phone Number

Address City State Zip Code Email Address

Name of Partner or Officer Title Phone Number

Address City State Zip Code Email Address

RESIDENT AGENT FOR CORPORATION

Name of Representative Title Phone Number

Home Address City State Zip Code Email Address

Management Firm (if any)

Name Title Phone Number

Home Address City State Zip Code Email Address

In compliance with registration requirements of the City of Detroit Property Maintenance Code, I hereby certify that the foregoing is true and a complete statement of the information requested.

Signature _____Date_____
Owner or Representative Title

Please return completed application to the above location.