

## APPLICATION FOR RENTAL HOUSING CERTIFICATION MULTIPLE FAMILY APARTMENT BUILDINGS

MAIN PROPERTY ADDRESS:								
PARCEL I.D. No:	11 CON	IPLEX NAME:						
BUILDING INFO	DRMATION							
MAIN BUILDING	ADDRESS:		NO. OF BLDGS:	NO. OF UNITS:				
NO.	OF COMMON LAUNDRY ROOMS	NO. OF	NO. OF MECHANICAL/UTILITY ROOMS					
MULTI FAMILY R	REGISTRATION FEE: PLEASE SEE TH	E FEE SCHEDULE						
INDIVIDUAL /	CORPORATE OWNER		(used for personal	individual ownership)				
OWNER NAME:								
ADDRESS:								
CITY:		STATE:	E: ZIP CODE:					
PHONE:		EMAIL:						
SECTION F:	RESPONSIBLE LOCAL AGENT	(required	if owner resides > 50	miles from Saline)				
RESPONSIBLE LO	OCAL AGENT NAME:							
ADDRESS:								
PHONE:		EMAIL:						
•		$\rightarrow$						
Owner's Signature		Desi	Designated Agent's Signature					
Printed Name		Prin	Printed Name					

Date

Date

## SECTION G: OWNER'S CERTIFICATION

I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge. I agree to give proof of the information that I have given on this form upon official request.

<b>&gt;</b>	
Owner's Signature	Date

SECTION H:	BUIIDING IN	NFORMATION		
BUILDING NUMBER	FLOOR NUMBER	STREET ADDRESS	UNIT NUMBER	BARRIER FREE Y/N