

**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: _____ Date of Application _____
616-895-6295 ext 34 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 accessed. **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) _____

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