



RENTAL PROPERTY REGISTRATION FORM

Planning, Building & Economic Development Department
City of Inkster, Michigan
26215 Trowbridge City of Inkster, Michigan
313-563-7716 • mckenna@cityofinkster.com
Inspection Line: 313-203-2484

I. Building Information

Property address _____
Property ID _____
Type of Rental (please circle): SINGLE-FAMILY DUPLEX MULTIPLE-FAMILY
Number of Buildings: _____ Total Rental Units: _____
Type of Ownership (please circle): INDIVIDUAL PARTNERSHIP CORPORATION

II. Applicant/Owner Information

A. APPLICANT

Name _____ Drivers License # _____
Address _____ Suite/Unit # _____
City _____ State _____ Zip Code _____
Applicant's Interest in property _____
Main Telephone # _____ Other Telephone # _____
Email Address _____

B. OWNER OF RECORD ** Please note, NO certificate will be issued until the property owner's mailing address is verified**

****No P.O. Boxes will be accepted****

Name _____ Drivers License # _____
Address _____ Suite/Unit # _____
City _____ State _____ Zip Code _____
Type of Interest (fee simple/land contract) _____
Main Telephone # _____ Other Telephone # _____
Email Address _____
If land contract:
Fee Simple Owner _____ Address _____
City _____ State _____ Zip Code _____

C. IF OWNER IS A PARTNERSHIP, THE FOLLOWING INFORMATION FOR ALL PARTNERS IS REQUIRED

Name _____	Name _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____

D. IF THE OWNER IS A CORPORATION, THE FOLLOWING INFORMATION FOR ALL OFFICERS IS REQUIRED

President _____	Vice President _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____
Secretary _____	Treasurer _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____

E. TENANT INFORMATION

Name _____ Phone # _____

III. Acknowledgements and Signature

- I acknowledge that the information contained in this application is true and,
- I have obtained a copy of the housing quality standards from which my property will be expected to comply in order to be issued a rental certificate.
- I understand that all rental properties located within the City of Inkster are required to be registered every three years and failure to register would constitute a violation of City Ordinances.
- All Repairs to be completed within 6 months of initial inspection if currently occupied
- All repairs must be completed prior to occupancy, if currently unoccupied
- *Failure to comply will result in further code enforcement*

IV. Fees

- Single-Family - \$185.00 + \$10 Administration fee
- Duplex – \$235.00 + \$10 Administration fee
- Multiple-Family - \$185.00 + \$50.00 per Billable Unit with a \$10 Administration fee
- If needed, re-inspection fee of \$35.00 per unit. Lock out fee is \$40.00 per unit

***Only payments in the form of cash or checks (made payable to the City of Inkster) will be accepted**

V. Furnace and Roof Inspections Required

Please note, in order for your property to receive certification, the furnace must be certified by a licensed mechanical contractor and a roof affidavit (attached) must be submitted.

Name Printed _____

Signature _____ Date _____

DO NOT WRITE BELOW LINE

APPROVAL

Building Official's: _____

Name

Signature

Date