

**THE CITY OF SOUTH EUCLID  
APPLICATION FOR RENTAL UNIT(S)  
2012**

Section 1409.02 for the South Euclid Codified Ordinances requires:

2012 Registration Fee \$200.00 per Single Family Unit, \$150.00 for each additional unit (\$100.00 penalty per unit is owed after the due date. An additional \$100 fee is due if owner did not disclose the rental status of the property and the City of South Euclid determined that the property is being used as a rental dwelling) Mail to: City of South Euclid, Building Department, 1349 South Green Road, South Euclid, Ohio 44121 with payment of \$200, plus any applicable fees for each rental dwelling unit.

*A SEPARATE APPLICATION IS REQUIRED FOR EACH RENTAL UNIT*

Rental Unit Address \_\_\_\_\_ Suite Number \_\_\_\_\_

Structure Type: (Circle One)    one family            two family            three family            multiple dwelling

Owner: Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

Agent or Operator:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

NOTE: Maximum of three unrelated persons per dwelling unit. See the definition of "family" on page two.

**Head of Household (Principal Tenant) of This Rental Unit - This information must be completed along with all occupants**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Pager/ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Driver License # \_\_\_\_\_

Date Birth \_\_\_\_\_ Lease Expiration Date \_\_\_\_\_ **Please circle: Annual/Monthly**

**Third Floor Rental Unit:**

This is to certify that no person who occupies the third floor of a two family dwelling structure, stores, cooks or otherwise prepares food in the third floor rental unit, or other common area; that such activities are not permitted; and that appliances or equipment which are used for such activities are not being provided or permitted on the premises.

<b>Other Occupants of this Rental Unit: Name(s)</b>	<b>Relationship to Head of Household</b>	<b>D.O.B.</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

I declare that this application has been examined by me and is true, correct and complete to the best of my knowledge; and I understand that this information is necessary for tax purposes. Persons giving false information in this application will be prosecuted per Section 525.02(A) (3) of the South Euclid Ordinances.

Date: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ (AIC) Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_