south euclid

FORM

RP-CO 2020 APPLICATION FOR CERTIFICATE OF OCCUPANCY – SINGLE UNIT DWELLING

PRINT OR TYPE ALL FIELDS

DATE

/ /

NUMBER & STREET OF RENTAL PROPERTY

NAME OF OWNER OF RENTAL PROPERTY – IF LLC, ALSO PROVIDE NAME OF OWNER OF LLC

ADDRESS – PO BOXES ARE NOT ACCEPTABLE

SUITE / FLOOR

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

DATE OF BIRTH

/ /

EMAIL ADDRESS

NAME OF LOCAL AGENT/MANAGER – REQUIRED FOR OWNERS OUTSIDE OF GREATER CLEVELAND (CUYAHOGA + SURROUNDING COUNTIES)

ADDRESS

SUITE / FLOOR

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

DATE OF BIRTH

/ /

EMAIL ADDRESS

FEES

THE ANNUAL NON-REFUNDABLE RENTAL FEE SHALL BE TWO HUNDRED DOLLARS ($200.00) FOR EACH DWELLING UNIT.

By signing below I also acknowledge: I have read and understand the Landlord Fact Sheet pertaining to source of income protection – a copy of which is available online at cityofsoutheuclid.com/building-housing or by request from the Housing Department.

AFFIDAVIT – OWNER

I SOLEMNLY SWEAR OR AFFIRM THAT I AM THE OWNER OF THE AFOREMENTIONED PROPERTY AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS AFFIDAVIT IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I FURTHER ACKNOWLEDGE THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION IT MAY BE CONSIDERED FRAUD OR ANOTHER CRIME UNDER THE CODIFIED ORDINANCE OF THE CITY OF SOUTH EUCLID OR THE STATE OF OHIO REVISED CODE AND I MAY BE PROSECUTED FOR SUCH AND A CONVICTION COULD RESULT IN FINE, INPRISONMENT, OR BOTH.

SIGNATURE OF AFFIANT PRINT NAME DATE

AFFIDAVIT – AGENT / OPERATOR

I SOLEMNLY SWEAR OR AFFIRM THAT I AM THE AGENT / OPERATOR OF THE AFOREMENTIONED PROPERTY AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS AFFIDAVIT IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I FURTHER ACKNOWLEDGE THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION IT MAY BE CONSIDERED FRAUD OR ANOTHER CRIME UNDER THE CODIFIED ORDINANCE OF THE CITY OF SOUTH EUCLID OR THE STATE OF OHIO REVISED CODE AND I MAY BE PROSECUTED FOR SUCH AND A CONVICTION COULD RESULT IN FINE, INPRISONMENT, OR BOTH.

SIGNATURE OF AFFIANT PRINT NAME DATE

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TENANT INFORMATION

MAXIMUM (3) UNRELATED PERSONS PER UNIT.
INFORMATION IS NECESSARY FOR TAX PURPOSES.
TENANT LIST CAN BE SUBMITTED ON A SEPARATE DOCUMENT IF ADDITIONAL SPACE IS NEEDED.

NAME OF PRINCIPAL TENANT

TELEPHONE NUMBER - -

LEASE EXPIRATION DATE / /

MONTH TO MONTH ☐

NAME OF TENANT (2) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (3) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (4) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (5) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (6) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (7) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

NAME OF TENANT (8) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐

RETURN ALL MATERIALS BY JANUARY 6, 2020 TO:
CITY OF SOUTH EUCLID, HOUSING DEPARTMENT, 1349 SOUTH GREEN ROAD, SOUTH EUCLID, OHIO 44121