

For office use only:

Check Number: _____
Date Deposited: _____

Name on Check: _____

City of University Heights, Iowa Rental Permit Application

Dwelling Address: _____

Assessor's Parcel Number: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone and email: _____

Other Properties Owned in UHs (list addresses): _____

Owners who do not reside in Johnson County must designate a Registered Agent in Johnson County to represent the property owner.

Registered Agent: _____

Agent's Address: _____

Agent's Telephone and email: _____

Tenants. Please list the names of tenants, including those less than 18 years of age, who will occupy this dwelling: (This application will *not* be approved if this information is not provided.)

Name of Tenant: _____

Name of Tenant: _____

In the event tenants move from or into a dwelling during the course of the rental permit, the owner must provide updated tenant identities to the City within 21 days of the change.

Certification. Owner's signature is written certification that the owner of each dwelling unit listed above understands and will comply with all University Heights Ordinances. Among other provisions, these ordinances permit a dwelling to be occupied only by persons related by blood, marriage, or adoption plus one unrelated person, all occupying as a single housekeeping unit. Applicant's signature is also written certification that such owner has delivered to the tenants listed above a copy of the "City of University Heights - Rental Housing Guide" brochure provided to the applicant with this application.

Fees. \$150.00 per dwelling. Make checks payable to "City of University Heights". No portion of the rental permit fee is refundable even if dwelling ceases to be rented.

Amount Enclosed: \$ _____

Owner's Signature date