

RENTAL UNIT AFFIDAVIT

Owner/Affirming Agent _____

Unit Street Address _____ City _____

The signer(s) of this form does hereby state, warrant, certify and affirm the following by marking an "X" at each:

- Interior and exterior walls are in good condition with no unsealed or unrepaired openings or holes
- All doors and windows have operating hardware and operate properly
- Every bedroom has an operational smoke detector
- The area immediately outside each bedroom has a working smoke detector or combination unit
- All electrical switches, light fixtures, junction boxes and receptacles are in good condition and operate properly
- All stair treads are secure, and each stair run with more than 4 risers (steps) has a handrail
- All HVAC registers and grilles are in place and are properly secured
- All floor coverings are in good condition and are well fastened with no trip hazards
- An ABC rated fire extinguisher (2A:10B:C minimum) is located in the kitchen and is properly charged
- Emergency contact poster is located in a readily visible location or accessible in the units' information book
- Good Neighbor Policy and the Rental Ordinance are accessible in unit's information book or posted on wall of unit
- Covered trash on site with clear directions as to proper use
- Any part of the basement used for sleeping has an approved egress
- Fuse/breaker panel is clearly labeled and accessible to all tenants
- Every sleeping area has an emergency escape window maintained in accordance with the code at the time of construction
- Every floor has a working carbon monoxide detector.
- Property owner(s) have read and understand the rental ordinance and requirements.

Unit information:

Number of Bedrooms: _____ Occupancy: _____ Other Sleeping Rooms: _____ Occupancy: _____

Total Number of Approved Occupants: _____ Number of off-street parking spaces: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

By signing above, the owner/agent of the rental unit certifies that above statements are true. Statements found to be falsified on this affidavit will be grounds to revoke the rental registration and subject to applicable fines.

SELMA TOWNSHIP

4101 S. 35 Road, Cadillac, MI 49601
phone/fax: 231-775-5071 selmatownship-mi.org

Rental unit Address: _____

City/State/Zip: _____

Property ID/Parcel number: _____

EMERGENCY CONTACT: Check one OWNER _____ PRIMARY CONTACT _____

Property Owner Name: _____

Owner's Address: _____

City/State/Zip: _____

Owners Mailing Address (if different than above): _____

City/State/Zip: _____

Phone: _____ Alternate Phone: _____

Owner's Email Address: _____

Primary Contact Name: _____

(Owner or designated agent who is the main contact if there are any issues at the property)

Contact's mailing Address: _____

City/State/Zip: _____

Contact's Phone: _____

Contact's Email Address: _____

Select one Single Family _____ Multi Unit* _____ Room(s) Only _____

*(Separate registration required for each unit)

Number of rooms: _____ Advertised Number of Bedrooms: _____

Advertised Maximum Occupancy: _____ Advertised Number of Parking Spaces: _____

Type of rental Unit: Short term Long Term *Long term rental is defined as a rental lasting more than 31 days. A copy of the rental agreement may be requested if you are seeking long term rental status.

For Office Use Only

Registration # CR- _____ New Renewal Short term Long term

Effective Date: _____ Expiration Date: _____ Fee: _____

Invoice # _____ Transaction # _____ Check # _____