

Jessup Borough

RENTAL REGISTRATION APPLICATION

Please be advised this application will not be processed unless all requested information is provided, and payment is received. Writing MUST be legible.

Application is being made for the following:
____ New application for Rental Registration

Fee: \$30.00 per rental unit
Additional fees will apply for inspections of units

Address of Rental Unit: _____

Tax Map #: _____

Number of Units: _____

Is the property condemned? ☐ Yes ☐ No

The following are exempt from these registration requirements:

- 1. Hotels or dormitories.**
- 2. Rental units owned solely by a public authority, as defined under the Municipal Authorities Act.**
- 3. Elderly multi-dwelling units where 75% or more of the occupants are persons over the age of sixty-five (65).**
- 4. Properties in which the owner maintains a bonafide domicile and in which there are no more than two (2) rental units.**

If one of the above exemptions applies to your rental property, please briefly describe below and sign your name at the end of the application:

Name of Owner: _____

Primary Phone: _____

Address: _____

If Business, Contact Person: _____

This Ordinance requires a local agent to be appointed by the property owner when the owner does not live within a ten (10) mile radius of the Borough of Jessup.

Does the owner reside within a ten (10) mile radius of the Borough? ☐ Yes ☐ No, please provide the following:

Name of Agent: _____

Primary Phone: _____

Address: _____

Agent's Signature: _____

All properties must be in compliance with the following prior to the issuance of a Registration Certificate. Please check all that apply:

Real Estate Taxes are paid in full and up to date: ☐ Yes ☐ No

Garbage Fees are paid up to date: ☐ Yes ☐ No

A minimum of \$150,000.00 of Liability and Casualty Insurance on Rental Unit(s): ☐ Yes ☐ No

Attach proof of coverage or provide the following:

(The Borough shall be informed of any change in policy or cancellation within ten (10) days)

Insurance Company Name: _____

Policy Number: _____

Policy Expiration Date: _____

I swear or affirm that my statements and answers are true and complete to the best of my knowledge and belief, I also realize that I will be subject to criminal penalties provided by 18PA C.S. 4903 and 4904 if I have provided false answers and statements.

Date: _____ Owner's Signature: _____

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Has the inspection been scheduled? ☐ Yes ☐ No

Inspection Date: _____

Satisfactory Inspection Results Received: ☐ Yes ☐ No

Registration Certificate issued on _____.

Sticker # Issued: _____ Business #: _____

Borough Representative Signature: _____