

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