



## RENTAL PROPERTY REGISTRATION FORM

Planning, Building & Economic Development Department  
City of Inkster, Michigan  
26215 Trowbridge City of Inkster, Michigan  
313-563-7716 • mckenna@cityofinkster.com  
Inspection Line: 313-203-2484

### I. Building Information

Property address \_\_\_\_\_  
Property ID \_\_\_\_\_  
Type of Rental (please circle):    SINGLE-FAMILY    DUPLEX    MULTIPLE-FAMILY  
Number of Buildings: \_\_\_\_\_ Total Rental Units: \_\_\_\_\_  
Type of Ownership (please circle):    INDIVIDUAL    PARTNERSHIP    CORPORATION

### II. Applicant/Owner Information

#### A. APPLICANT

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Applicant's Interest in property \_\_\_\_\_  
Main Telephone # \_\_\_\_\_ Other Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_

#### B. OWNER OF RECORD \*\* Please note, NO certificate will be issued until the property owner's mailing address is verified\*\*

**\*\*No P.O. Boxes will be accepted\*\***

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Type of Interest (fee simple/land contract) \_\_\_\_\_  
Main Telephone # \_\_\_\_\_ Other Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
If land contract:  
Fee Simple Owner \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### C. IF OWNER IS A PARTNERSHIP, THE FOLLOWING INFORMATION FOR ALL PARTNERS IS REQUIRED

Name _____	Name _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____

#### D. IF THE OWNER IS A CORPORATION, THE FOLLOWING INFORMATION FOR ALL OFFICERS IS REQUIRED

<b>President</b> _____	<b>Vice President</b> _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____
<b>Secretary</b> _____	<b>Treasurer</b> _____
Address/Suite# _____	Address/Suite# _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____
Drivers License # _____	Drivers License # _____

#### E. TENANT INFORMATION

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**III. Acknowledgements and Signature**

- I acknowledge that the information contained in this application is true and,
- I have obtained a copy of the housing quality standards from which my property will be expected to comply in order to be issued a rental certificate.
- I understand that all rental properties located within the City of Inkster are required to be registered every three years and failure to register would constitute a violation of City Ordinances.
- All Repairs to be completed within 6 months of initial inspection if currently occupied
- All repairs must be completed prior to occupancy, if currently unoccupied
- *Failure to comply will result in further code enforcement*

**IV. Fees**

- Single-Family - \$185.00 + \$10 Administration fee
- Duplex – \$235.00 + \$10 Administration fee
- Multiple-Family - \$185.00 + \$50.00 per Billable Unit with a \$10 Administration fee
- If needed, re-inspection fee of \$35.00 per unit. Lock out fee is \$40.00 per unit

**\*Only payments in the form of cash or checks (made payable to the City of Inkster) will be accepted**

**V. Furnace and Roof Inspections Required**

**Please note, in order for your property to receive certification, the furnace must be certified by a licensed mechanical contractor and a roof affidavit (attached) must be submitted.**

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***DO NOT WRITE BELOW LINE***

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APPROVAL

Building Official's: \_\_\_\_\_

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date