

*\* One Registration Form per rental unit \**

**(PLEASE PRINT) PLEASE RETURN TO OUR OFFICE AS SOON AS POSSIBLE.**

Landlord (Last Name)	(First Name)	(Middle Initial)
Landlord's Mailing Address	(City)	(State) (Zip)
Home or Business Telephone ( )	Cell Phone ( )	(E-mail Address) (Housing Website)
Address of <b>Rental Unit</b>	(City)	(State) (Zip)

**Type of Housing Facility:**

☐ Room/Apartment in owner's private residence  
☐ Apartment Complex  
☐ Single Apartment  
☐ House  
☐ Double House  
☐ Other (describe→)

*Describe the # of apartments, # of tenants, etc.*


**Construction/Remodeling Information:**

What was the date this property was constructed or last remodeled? \_\_\_\_\_

If remodeled, please provide a description of the modifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Occupancy Information:**

One-Person rental?	Yes _____ No _____	Hearing Impaired Equipped	Yes _____ No _____
Suitable for married students?	Yes _____ No _____	Handicapped Accessible?	Yes _____ No _____
Suitable for married students with children?	Yes _____ No _____	Pets allowed?	Yes _____ No _____
Suitable for single parents?	Yes _____ No _____		
Rent for one semester? <i>(Popular request!)</i>	Yes _____ No _____	Willing to subsidize with HUD?	Yes _____ No _____

Type of parking provided: Included in rent \_\_\_\_\_ Permit from landlord \_\_\_\_\_ Town Permit \_\_\_\_\_ none \_\_\_\_\_  
 Available for move-in: \_\_\_\_\_

**Security Deposit & Rent:**

Security deposit required? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of deposit per person? \$ \_\_\_\_\_  
 Total rent per person, per semester \$ \_\_\_\_\_  
 Utilities included in rent/semester? Yes \_\_\_\_\_ No \_\_\_\_\_ Some: \_\_\_\_\_

**Type of Fire Detection:**

9-volt smoke detector _____	Inter connected and 9-volt _____	9-volt and electric _____
Inter connected _____	110-volt smoke detector _____	Electric _____
Sprinkler System _____	Other: _____	

**Code Office Inspection:**

Most recent inspection date and license number by the Town of Bloomsburg's Code Enforcement Office:  
 Date \_\_\_\_\_ License Number \_\_\_\_\_ N/A \_\_\_\_\_  
 (only applies to properties within Bloomsburg town limits).

*Our office will verify your inspection/license number with the Code Enforcement Office.*

**It would be helpful if you would include a copy of your lease.**

**PA Fair Housing Practices:**

I, the undersigned, have received a copy of the PA Fair Housing Practices Act and agree to rent my accommodations without discrimination because of race, color, sex, religious creed, ancestry or national origin, handicap or disability, or use of a guide dog due to blindness.

**Signature of Landlord** \_\_\_\_\_ **Date** \_\_\_\_\_