



RENTAL HOUSING REGISTRATION FORM

NEIGHBORHOOD REVITALIZATION DEPARTMENT
 330 S C STREET, MADERA, CALIFORNIA 93638
 (559) 661-5114

RENTAL BUSINESS LICENSE

RENTAL PROPERTY INFORMATION

Street Address: _____ Zip Code: _____

APN: _____ Single Family Multiple Units Total # of Units: _____

Unit Information (# of each type of unit)
 Studio: _____ One Bedroom: _____ Two Bedrooms: _____ Three Bedrooms: _____ Four Bedrooms: _____ Total Buildings: _____

Additional Information: _____

OWNER(S) INFORMATION

Property Owner(s) Name(s):		Date of Birth (DOB):	Rental Business Name:	
Mailing Address:		City:	State:	Zip Code:
Contact Phone #:	Emergency Phone #:	Email:		Fax:
Additional Information: _____				

PROPERTY MANAGER INFORMATION

Local Contact Representative Name:		Local Contact Representative Business Name:		
Office Address:		City:	State:	Zip Code:
Mailing Address:		City:	State:	Zip Code:
Office Phone #:	Emergency Phone #:	Email:		Fax:
Additional Information: _____				

STATEMENT OF DECLARATION

Under penalty of perjury, I declare that this unit does not qualify as a "rental housing" unit as defined in the City of Madera Municipal code §4-16.03 for Rental Housing Inspections and therefore not subject to the routine inspections by the City as required by section §4-16.06. Please check Box 1 or 2:

Box 1	Inspected by another government agency. (Agency name):	Owner Signature:	
Box 2	Occupied by Family Member:	Rent Charged:	
Circle Answer	Yes	No	Owner Signature:
	Yes	No	Tenant Signature: