

City of Cedar Falls 220 Clay Street Cedar Falls, IA 50613 www.cedarfalls.com

EXISTING RENTAL STATUS Documenting Occupancy and Conditions of the Property

** Completed forms must be received by August 18, 2015 otherwise rental must meet all regulations as if it is a newly rented structure. **

The change in the rental code requires this form be completed for all <u>single-family and duplex</u> <u>dwelling units</u>. Please note that existing rentals may remain at four unrelated persons until the time the property is sold or transferred. At that point, occupancy will be evaluated as outlined in the ordinance.

Owner Information			
Owner's Name:			
Owner's Address:			
	Street	City, State	ZIP
Phone:			
E-mail:			
Rental Property Manager Information (if different from owner and/or out of town owner)			

Rental Property Manager Information (if different from owner and/or out of town owner)

Manager's Name:

Manager's Address:

Street

City, State

ZIP

Phone:

E-mail:

Rental Property Information Rental Property Address: Street City, State Rental Property Legal Description:* (A copy of the deed, where legal description is listed can be provided.) Lot Size:* _ feet wide by _____ feet long ☐ R-1SF Single Family Residence District ☐ R-1 Residence District ☐ R-2 Residence District ☐ R-3 Multiple Residence District Zoning:* ☐ R-4 Multiple Residence District ☐ MU, Mixed Use Residential District ☐ RP Planned Residence District Number of Dwelling □ 1 □ 2 □ Other: _____ Units on the Property: Unit 1: □ 1 □ 2 ☐ 3 ☐ 4 Unrelated persons ☐ Provide a copy of the lease. Name Telephone Number 1. 2. 3. 4. Number of **Unrelated Persons** Unit 2: \Box 1 \Box 2 \Box 3 \Box 4 Unrelated persons in Each Dwelling ☐ Provide a copy of the lease. Unit: Name Telephone Number 1. 2. 3. 4. If there are more units, please attach additional sheet providing all applicable information, as requested on other units above. Unit 1: □ 1 □ 2 □ 3 \Box 4 **Bedrooms** Description of Unit 2: \Box 1 \Box 2 \Box 3 \Box 4 Bedrooms

providing detailed information.

If there are more units or more bedrooms, please attach additional sheet

Number of

Unit

Bedrooms in each

^{*} Black Hawk County Assessor's website has this information: http://www2.co.black-hawk.ia.us/website/bhmap/viewer.htm

Rental Property Information (continued) Garage: ☐ Yes □ No Garage size*: feet wide by _____ feet long Is the entire garage available for tenant parking? ☐ Yes ☐ No If no, please explain: Driveway: ☐ Paved ☐ Granular Driveway dimensions: feet wide by (measured to your property line, do not include approach/sidewalk) Parking on the Are flare outs, side extensions or turn arounds present? Property: ☐ Yes ☐ No If yes, attach a drawing with dimensions. Parking area/lot: ☐ Yes \square No Parking area/lot: _____ feet wide by _____ feet long Access to it is from the: ☐ Street □Allev

OWNER'S STATEMENT

As owner of the above listed property, I wish to confirm that this use was established, as described above, prior to August 19, 2014. Furthermore, it is in conformance with all applicable provisions of the Minimum Housing Rental Code.

I understand that by submitting this completed form, I have documented the intensity of the use of the rental property.

I also understand that this form serves as my application for a group rental permit, for this property if it is located in the R-3, R-4, MU or RP districts.

Name Date

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