



City of Detroit Buildings Safety Engineering and Environmental Department  
 402 Coleman A Young Municipal Center, 2 Woodward Ave., Detroit, MI 48226  
 Phone # 313-628-2451

**APPLICATION FOR REGISTRATION OF RENTAL HOUSING**

- Initial Registration
- Change of Ownership

ADDRESS OF RENTAL PROPERTY \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Dwelling: Room & Rooming One Two Apt. Condo, Townhouse  
 (Circle One) Board House Family Family Bldg. Other

Number of Dwelling Units Rented: Apartment/Residences \_\_\_\_\_ Sleeping Rooms \_\_\_\_\_  
 Section 8 Housing if  Yes (attach affidavit and copy of inspections summary) Units \_\_\_\_\_, No

Owner's Name \_\_\_\_\_

Home Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Business Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Partnership or Corporation: \_\_\_\_\_

**IF PARTNERSHIP OR CORPORATION, LIST PARTNERS OR OFFICERS BELOW (If more space is required, please attach additional sheet.)**

Name of Partner or Officer \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Partner or Officer \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

**RESIDENT AGENT FOR CORPORATION**

Name of Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Management Firm (if any)

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

In compliance with registration requirements of the City of Detroit Property Maintenance Code, I hereby certify that the foregoing is true and a complete statement of the information requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Owner or Representative \_\_\_\_\_ Title \_\_\_\_\_

*Please return completed application to the above location.*