



RESIDENTIAL RENTAL REGISTRATION APPLICATION

Building Department

Applicant Information

Name: _____

Company Name (if applicable): _____

Address: _____ City: _____ State: _____

Phone Number: _____ E-mail Address: _____

For the following properties, I am the:

☐ **Property Owner:** A person, corporation, or limited liability company claiming, or in whom is invested, the ownership, dominion, or title of real property including but not limited to: holder of fee-simple title, holder of life-estate, holder of leasehold estate for an interim term of five years or more; a buyer under contract for deed; a mortgagee, receiver, executor or trustee in control of real property; but not including the holder of leasehold estate or a tenancy for initial term of less than five years. (MH Cod. Ord. 1486.01(f))

☐ **Agent in Charge:** A resident of Cuyahoga County, Ohio, who has been designated by the owner of a rental property located in the City of Maple Heights, to be the local agent-in-charge (AIC), to oversee the maintenance and financial obligations of the property, when the owner of the property does not reside in Cuyahoga County, Ohio. The agent in charge must be a resident of Cuyahoga County and register with the City for the property. (MH Cod. Ord. 1486.01(f))

Property Information

Address

Property Owner & Phone Number (if different from above)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Additional Required Information

The following documentation is required in order for this Rental Registration Application to be processed:

1. Proof of full payment of property taxes or documentation of being on a County payment plan in good standing for each of the properties listed above.
2. A Tenant Information Form for each of the properties listed above.
3. A completed Regional Income Tax Agency (RITA) Form for both the property owner and each of the tenants.



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Fee Information

All Rental Registration Applications shall be filed in a timely manner and submitted with the appropriate fee as detailed below. Failure to file the Rental Registration Application, provide the Additional Required Information, or pay the filing fee in a timely manner shall result in penalties prescribed in MH Cod. Ord. 1486.99, including but not limited to being charged with a fourth degree misdemeanor for a first offense, a third degree misdemeanor for a second offense, and a second degree misdemeanor for each and every subsequent offense. A separate violation shall be committed for each day and each rental unit that is not properly registered. Knowingly submitting a false statement as part of the application or inspection process for rental registration shall be a first degree misdemeanor.

- \$75.00 Annual Rental Registration Fee per owner or agent in charge if filed between January 1 and March 31
- \$35.00 Rental Registration Update Fee. This includes if a property owner acquires or agent in charge takes charge of additional rental units during a calendar year.

Statement and Signature Information

To the best of my knowledge, the foregoing statements are true and correct. I understand the Building Commissioner reserves the right to refuse this application if found to be incomplete or improperly submitted. I understand that, if I transfer ownership of one of the property(ies) above or acquire additional property, I must update this Rental Registration within 30 days of transfer and pay a non-refundable \$35 fee. Additionally, I understand that Rental Registrations are not assignable or transferrable. Anyone falsifying information on this permit application is guilty of falsification per Cod. Ord. Sec. 606.10(a)(5), a first degree misdemeanor, punishable by a fine up to \$1,000 and a jail term up to 180 days.

Applicant's Printed Name

Applicant's Signature

Date

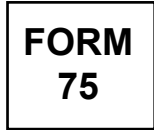


RESIDENTIAL TENANT INFORMATION FORM

Building Department

The following information is necessary of tax, health, and safety purposes. Please complete and submit one sheet per property listed on the previous page.

Tenant Information	
Property Address: _____	
Primary Tenant's Name: _____	
Telephone Number: _____	E-mail Address: _____
Name of Tenant 2: _____	
Name of Tenant 3: _____	
Name of Tenant 4: _____	
Name of Tenant 5: _____	
Name of Tenant 6: _____	
Name of Tenant 7: _____	
Name of Tenant 8: _____	



Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

Registration for the city or village of: _____

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____ - ____

Do you own or rent your home? (Please check ☒ one) Own ____ Rent ____

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____/____/____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ____ No ____ Is your spouse employed? Yes ____ No ____

Are you retired and/or have no taxable income? Yes ____ No ____ If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes ____ No ____ If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes ____ No ____

Does your spouse have income reported on Federal Schedules C, E or F? Yes ____ No ____

Do you and/or your spouse own rental property? Yes ____ No ____ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____/____/____

**FORM
48****Regional Income Tax Agency
Business Registration Form****800.860.7482
TDD 440.526.5332
ritaohio.com**

Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> S-Corp | <input type="checkbox"/> Estate & Trust |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership | |

Reason for Registration

- | |
|---|
| <input type="checkbox"/> Courtesy withholding for an employee's resident municipality |
| <input type="checkbox"/> Doing business within the municipality this year (temporary) |
| Approx. # of days _____ Start Date _____ |
| <input type="checkbox"/> Business with a fixed location |
| Date business began at this location _____ |

Company Information (List physical address of work performed within this municipality)

Name: _____	Federal ID #: _____
Address: _____	SSN : _____ (required if sole proprietor)
City/State/Zip: _____	
Mailing Address (for withholding tax forms / if different from above)	Mailing Address (for net profit tax forms / if different from above)
_____	_____
_____	_____

Please note that your Federal Identification Number will serve as your RITA account number.*Filing Status:**☐ Calendar year ☐ Fiscal year / month ending _____Do you have any employees? ☐ Yes ☐ No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) ☐ Yes ☐ No

If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) ☐ Yes ☐ No**Contractors**I am a contractor ☐ Yes ☐ NoWill you be using sub-contractors? ☐ Yes ☐ No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____

Title _____

Phone Number _____

Signature _____

Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900**ritaohio.com****Call:** 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		