



## RENTAL CHANGE OF TENANT APPLICATION

Housing Department  
City of University Heights

Date: \_\_\_\_\_

### Complete one form for each OCCUPIED unit

Address: \_\_\_\_\_

**CIRCLE** Type of dwelling:    **Single family**                      **Two family**                      **Three Family**

**CIRCLE** number of bedrooms within the rented unit:        **1**    **2**    **3**    **4**    **5**

**CIRCLE IF** two or three family dwelling, the location of this rented unit:

**1<sup>st</sup> level    2<sup>nd</sup> level    3<sup>rd</sup> level**

#### **PROPERTY OWNER**

(Please **PRINT** name): \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### **STATUTORY AGENT IN OHIO (REQUIRED FOR AN OUT-OF-STATE PROPERTY OWNER)**

(Please **PRINT** name): \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### **PRIMARY CONTACT TENANT**

(Please **PRINT** name): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tenant Information-Please complete IN FULL

| <b><i>Names of ALL OCCUPANTS</i></b> | <b><i>Phone (if applicable)</i></b> |
|--------------------------------------|-------------------------------------|
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |
|                                      |                                     |

**PROPERTY TAXES**

Per City Codified Ordinance 1282.01(c), rental properties are required to be current in their property taxes or be enrolled in a payment plan with Cuyahoga County. Becoming tax delinquent can result in revoking the rental permit. Please check one of the following:

- ☐ The property is not tax delinquent.
- ☐ The property is tax delinquent in the amount of \_\_\_\_\_.
- ☐ The property is tax delinquent in the amount of \_\_\_\_\_ and the property owner is enrolled in a payment plan with Cuyahoga County.

I declare under penalties for perjury that this application has been examined by me and is true, correct, and complete. I agree to abide by the rules and regulations set forth by the City of University Heights governing rentals.

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**Signature of Property Owner****Date**

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**Print Name****Mailing Address:**

Housing Department  
City of University Heights  
2300 Warrensville Center Road  
University Heights, Ohio 44118

**Phone #:**

(216) 932-7800

**Fax #:**

(216) 932-5239

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**For Office Use Only**

Amt. Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_

RP: \_\_\_\_\_ Inspector: \_\_\_\_\_ Inspection Date & Time: \_\_\_\_\_