



CITY OF GENEVA

RENTAL DWELLING REGISTRATION FORM

Dear Rental Property Owner:

Pursuant to the City of Geneva Code Section 1462 – Rental Housing Code, either a rental property owner or the owner's local agent shall register all rental properties within the City of Geneva and obtain a Certificate of Occupancy every two (2) years. In the case of a transfer of ownership, or change in the number of rental units, or change of the dwelling occupancy from owner occupancy to rental tenant occupancy, the rental property owner or owner's agent shall complete and submit a registration form for each unit and every residential unit affected by the transfer.

Check one of the following that applies:

Requirement to update information. Within thirty (30) days of transfer of ownership or change in the number of rental units, or change in the dwellings occupancy from owner occupancy to rental/tenant occupancy, the rental property owner or agent shall complete and submit a registration form and schedule an inspection for each and every unit affected by the transfer.

☐ New Rental Registration ☐ Renewal ☐ Change of Owners Agent
☐ Change of Owner ☐ Change of Address/phone ☐ Change in Number of Units
☐ Change from Owner to Rental Tenant Occupancy

Section I: Property Owner Information (Required)

(Property owner refers to person or persons with ownership to the property.)

OwnershipType (Please Circle): Sole Proprietorship | Partnership | Corporation | Trust | Other

If Sole Proprietorship or Individual Owner, please complete the following:

Property Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

If Partnership, Corporation, Trust or Other, complete the following for ONE partner, officer or trustee:

Tax ID Number of Partnership or Corporation: _____

Name & Title: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone Number _____

Email _____



Section II: Designation of Owner's Local Agent/Rental Manager

(If property owner does not reside within the County; or when owner is a Corporation, Partnership, trust or other legal entity.)

Name of (Please Circle: Sole Proprietorship I Partnership I Corporation I Trust I Other

Name of Owner's Local Agent or Management Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ After Hours Contact number: _____

Email Address: _____

Ohio Real Estate License Number: _____

Tax ID Number of Partnership or Corporation: _____

I hereby apply for a Rental Dwelling Registration or Renewal and I acknowledge that the information above is complete and accurate. I have read and understand the Rental Housing Code – Section 1462 for operating a rental dwelling in the City of Geneva and agree to comply with the requirements. I understand this is NOT a rental housing license, but only a registration of the rental unit(s) operated within the City of Geneva. I understand that failure to fully complete this form and any requirements of the Registration may result in monetary penalties and/or being cited in Court.

_____/_____
Applicant's Signature **Date**



**CITY OF GENEVA
RENTAL DWELLING REGISTRAION
PROPERTY ADDRESS LISTING FORM**

(This page may be duplicated as needed)

Property Owner Name from Page 1: _____

1) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

2) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

3) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

4) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

5) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

6) Address: _____

Property Parcel #: _____

Type: Single Family () Duplex ()
 Multi-Family () number of units if Multi-Family _____

FOR INTERNAL USE ONLY

Zoning: 1____ 2____ 3____ 4____ 5____ 6____

Amount Paid: _____ Check #: _____

Certificate Issued: 1____ 2____ 3____ 4____ 5____ 6____

Date Issued: _____ Expiration Date: _____