



City of Tampa
Department of Neighborhood Empowerment
Residential Rental Certificate Registry



Rental Certificate Application

Application Date: _____

Rental Address:

House# _____ Dir _____ Street Name _____ Zip _____

Unit# _____ Folio# _____ -or- PIN# _____

Owner:

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Applicant:

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Property Manager: Check if Owner manages the property

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Tenant Information:

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Tenant Responsibilities (for maintaining property): _____

Rental Agreement (optional): Start Date _____ End Date _____

Rental Property:

Type of Structure:

- Single Family Residence - Detached (House)
- Single Family Residence - Attached (Townhouse)
- Condominium
- Garage Apartment (at an SFR)
- Carriage House (at an SFR)
- Storefront Residential
- Duplex
- Triplex
- Quadplex
- Trailer/Mobile Home
- Boarding House
- Rooming House

Unit Nbr: _____ (required for Duplex, Triplex, Quadplex, Trailer/Mobile Home, Rooming House)

If Boarding House: Total Number of Persons: _____

If Rooming House: Total Number of Rooms: _____

Is this a Section 8 Housing Unit: YES NO

Owner Attestation of Compliance with City of Tampa Code of Ordinances:

I certify that the rental unit being registered is currently in compliance with all the applicable requirements of the City of Tampa Code of Ordinances, Chapter 19-231 and other applicable laws. I understand that the Rental Certificate for this rental unit may be revoked if it is determined that this certification is falsified or if the rental unit is not in compliance with the applicable requirements of the City of Tampa Code of Ordinances. If any rental unit is rented without a valid Rental Certificate, the City will take immediate enforcement action, including the issuance of a Notice to Appear in the Criminal Court of Hillsborough County, Florida.

This document confirms that the information provided above is true and accurate.

Dated this _____ day of _____, 20____, I do hereby swear that the above facts are true to the best of my knowledge.

Signature: _____ Date: _____

Check one: Owner Property Manager Applicant

MAIL COMPLETED APPLICATION TO: Neighborhood Empowerment Dept. P.O. Box 2200 Tampa, FL 33602	DROP OFF COMPLETED APPLICATION TO: Neighborhood Empowerment Dept. 4900 W Lemon Street Tampa, FL 33609
---	---

For Official Use Only:

Rental Certificate ID: _____ Date Submitted: _____ Oper: _____