



City of Lorain

Rental Dwelling Housing License Application

Applicant is: ☐ Owner ☐ Owner's Agent

APPLICATION MUST BE FILLED OUT COMPLETELY & LEGIBLY

Date Received _____
Date Paid _____
Amount \$ _____
☐ Check # _____
☐ Cash ☐ Credit card
Permit# _____
Date Issued _____

General Information

- All rental dwelling units shall be sanitary, free from fire & health hazards & fit for human habitation & beneficial to the public welfare.
- All rental dwelling units shall be in compliance with the City of Lorain Property Maintenance Code upon issuance of license.
- No person shall use or cause a rental dwelling unit to be occupied without obtaining a licensure (registration of rental property).
- Rental Housing Licenses are valid for one (1) year from issuance date, or whenever ownership changes. Licenses are non-transferable.
- A non-refundable non-prorated fee shall be paid to the City of Lorain in the amount of \$100 and \$25 for any additional unit within.
- Failure to maintain a rental dwelling unit or to maintain any requirements regarding licensure shall be grounds for revocation of an existing Housing License or denial or issuance of.
- The owner of a rental dwelling unit who does not reside in the City of Lorain **must designate** an agent who in addition to the owner shall be responsible for operation of the unit and who may accept service of process and official notices issued by the City of Lorain on behalf of the owner. A designated agent shall be an individual person who resides in the County of Lorain.
- We only accept check or money order as form of remote payment. Please make check payable to: City of Lorain.
- Fill out tax information required by City of Lorain Income Tax Department
- Short-term rental operators are required to provide a BCI background check and site plan

THE INFORMATION BELOW IS REQUIRED TO BE FULLY AND ACCURATELY COMPLETED.

Rental Property Information:

Rental Property Address _____

Type of Dwelling: Single Family ☐ Two-family ☐ Multi-Family ☐ Condo/Townhome/Apartment ☐ Short-term (i.e. Abnb/VRBO)

Number of Rental Units _____ Number of bedrooms per rental unit _____ **Number of parking spaces** _____

Is it owner occupied? No Yes If yes, Identify portion occupied _____

Owner Information:

Name _____ If Business Entity# _____

Address _____

Phone _____ Email _____

Driver License# _____ Date of Birth ____/____/____ Last four of Social Security# _____

Designated Agent: (must be within Lorain County)

Name _____ If Business Entity# _____

Address _____

Phone _____ Email _____

Receipt of License: E-mailed to owner E-mailed to agent

Type of Inspection:

An exterior inspection will be conducted to ensure compliance with local property maintenance codes and ordinances.

☐ Owner ☐ Agent Signature _____ Date _____

By the above signature, the applicant hereby attests to the truth and exactness of all information supplied and submitted on and with this application. By the above signature, the applicant furthermore consents to be bound by this application, by an agreement made by the applicant or its agent, and by all decisions made by the City of Lorain relating to and in connection with this application.

200 West Erie Avenue, 5th Floor, Lorain, Ohio 44052

Building Division: (440) 204-2045 Fax: (440) 204-2540 Housing & Planning Division: (440) 204-2020 Fax: (440) 204-2080
Email: bhp@cityoflorain.org



City of Lorain

Income Tax Department

Terri Soto- Treasurer

605 W. 4th St., Lorain OH 44052

Ph: (440) 204-1002 Fax: (440)204-1006

Landlord- Tenant Information

According to property tax records, it appears that you are the owner of rental property located in the City of Lorain. If you do own such property, the gain or loss as filed on your federal schedule E or 8825 must be included in your annual city income tax return. Returns must be filed for all years that the property has been in your name. Tax forms can be obtained at www.cityoflorain.org.

If the information we have on the listed property is not correct or is not considered rental property per the above criteria, please notify our office. If you are filing this information in a consolidated return, please indicate the name and Federal ID number of that entity below.

Full name: _____

Federal ID: _____

Enclose a listing of your rental property located in the City of Lorain. Please check the following information on the enclosed list:

- ☐ Add your SSN to the occupancy form under your name
- ☐ Address of each rental property
- ☐ Current / New Occupants

Make additions/corrections as necessary and return the listing to our office within thirty (30) days. If there are no corrections, simply return the form with a statement to that effect.

If you have any questions, contact our office as soon as possible at (440) 204-1002.

LORAIN INCOME TAX DEPARTMENT

PLEASE COMPLETE THE BACK PAGE

192.201 DUTIES OF OWNER RENTED OR LEASED PROPERTY

- (A) All property owners of rental or leased property who rent to tenants of residential, commercial, or industrial premises, shall file with the Tax Administrator a report, on or before the end of April 15th of each year, showing the names and addresses of each such tenant who occupied residential, commercial, or industrial premises within the corporation limits of the Municipality during the preceding calendar year.
- (B) For all rental or leased residential, commercial, or industrial properties located within the Municipality that have been vacated by a tenant during the preceding calendar year referenced in paragraph (A) above, the report shall include the date of vacating from the rental or leased residential, commercial, or industrial property. (Ord. 173-03. Passed 12-1-03.)

Landlord name: _____

FEIN/SSN (last 4): _____ File# _____

Name of Renter(s)	SSN (last 4)	Address	Date Moved in	Date Moved out	Retired/SSI (Yes or No)

Signature _____ Date _____