

Mount Carmel Township 300 Laurel Street Atlas, PA 17851	2023 Rental Registration Application \$50 – Apt / \$30 - Room	www.mctownship.org 570-339-1287 dred@mctownship.org
--	---	---

Rental Property Address: _____ **Unit #** _____

Submit Separate Form for Each Rental Unit

Owner Information

Full Name: _____ Phone: _____
Last First

Address: _____
Mailing Address Physical Address (if mailing address is a PO Box)

_____ City _____ State _____ ZIP Code _____

Email: _____ Name of Trash Hauler: _____

Name of Responsible Party: _____
Required if owner is a Corporation, Partnership, LLC, Trust, etc.

Responsible Party Address *: _____
***If PO Box is mailing address, a physical address must also be listed**

Property Manager / Agent
(required if owner resides more than 25 miles from rental unit)

Name: _____ Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Tenant Information (attach separate sheet if needed)

Adult #1 Name _____ Occupation _____
Over 18 years of age

Adult #2 Name _____ Occupation _____
Over 18 years of age

Adult #3 Name _____ Occupation _____
Over 18 years of age

Adult #4 Name _____ Occupation _____
Over 18 years of age

Number of Children Under 18 Living in this Unit (indicate even if zero)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that as the owner of this property, I am ultimately responsible for maintaining it compliance with all Federal, State & Local Regulations regardless of any agreements or leases with tenants or property manager(s) and/or agent. Failure to maintain the property in compliance may result in loss of my rental license.

Form must be completed in its entirety and returned with payment to be accepted

Owner Signature: _____ Date: _____