



City of Tampa
Neighborhood Enhancement Division
Residential Rental Certificate Registry



Rental Certificate Application

RENTAL ADDRESS: _____ **Application Date:** _____

Owner:

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Applicant:

Name: _____

Mailing Address: _____

Phone Nbr: _____ Email Address: _____

Property Manager: Check box 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:

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residence (House) | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Single Family Residence (Townhouse) | <input type="checkbox"/> Triplex |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Quadplex |
| <input type="checkbox"/> Garage Apartment | <input type="checkbox"/> Trailer/Mobile Home |
| <input type="checkbox"/> Carriage House | <input type="checkbox"/> Boarding House |
| <input type="checkbox"/> Storefront Residential | <input type="checkbox"/> 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 Enhancement Division
P.O. Box 2200
Tampa, FL 33602

DROP OFF COMPLETED APPLICATION TO:
Neighborhood Enhancement Division
4900 W Lemon Street
Tampa, FL 33609

For Official Use Only:

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