



Please email completed form to: lpiaf@scrantonpa.gov

DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

(For 2019)

**CITY OF SCRANTON
APPLICATION FOR RENTAL REGISTRATION
PURSUANT TO FILE OF THE COUNCIL NO. 58 OF 2016 &
FILE OF THE COUNCIL NO. OF 2018**

Please be advised that the Application will not be processed unless all Requested information is provided:

ADDRESS OF RENTAL UNIT: _____

TAX MAP NO: _____

NUMBER OF UNITS: _____

IS THE PROPERTY CONDEMNED? Yes No

The following are exempt from these registration requirements:

- 1. Residential Rental units occupied by immediate members of the owner's family provided that not more than two (2) unrelated individuals, in addition to the immediate members of the owner's family, occupy the dwelling at any given time; (Family is defined as the parent or child of the owner)**
- 2. A Residential treatment hospital or facility**
- 3. A Drug, alcohol, or other dependency treatment facility, halfway house**
- 4. A Nurse, physical therapy, or assisted living facility**
- 5. Hotels, motels and bed-and-breakfast facilities**
- 6. A Community. Group facility licensed by the Pennsylvania Department of Public Welfare**
- 7. A Facility owned and operated by the Scranton Housing Authority; and**
- 8. An apartment or single family home where the occupant is a child or parent of the residence**
- 9. A rental unit in a double or duplex home or two (2) units on one deed which is occupied by the owner of the double or duplex home or two (2) units on one deed.**

If one of the above exemptions applied to your rental property, please briefly describe below and sign your name at the end of the application:

Name of Owner: _____

Work / Cell Phone: _____

Home Phone: _____

Address: _____

Address2: _____

City, State Zip: _____

If Business, Person of Contact: _____

City Ordinance requires a local agent be hired by the property owner if owner does not live within a (20) mile radius of the City.

Does the owner reside within a twenty (20) mile radius of the City of Scranton? Yes No

If No Please provide the following:

Name of Agent: _____

Work/ Cell: _____

Home Phone: _____

Address: _____

Address2: _____

City, State Zip Code: _____

Agent's Contract Person: _____

You must be in compliance with the following prior to issuance of a Rental Registration Certificate. Please check all that apply:

Real Estate taxes are paid in Full and up to date: Yes No

Waste Disposal fees are paid up to date: Yes No

A Minimum of \$50,000 of Liability and Casualty Insurance on Rental Unit(s): Yes No

Please provide:

Insurance Company Name: _____

Policy Number: _____

Expiration Date of Policy: _____

The City of Scranton is committed to gathering reasonable accommodations to its rules, policies, practices or services when such accommodations may be necessary to afford people with disabilities the equal opportunity to use and enjoy their dwellings or common areas. For a copy of the complete copy of the City's Reasonable Accommodation Policy, please contact the Department of Licensing, Inspections and Permits.

I swear or affirm that my statements and answers are true and complete to the best of my knowledge and belief; I also realize that I will be subject to criminal penalties provided by 18PA C.S. 4903 and 4904 if I provided false answers and statements.

Date: _____ Owner/Agent Signature: _____

Owner/Agent Printed Name: _____

To be completed by City Employees only

A Check or money order made payable to the *City of Scranton* has been received in the amount of
\$ _____ dated _____

A Rental Registration Certificate was Issues on _____

Sticker No. Issued: _____

Business ID: _____