

## **Please Print**

Rental Registration #			
Owner Name:			
or Agent Name (for outside of Cu			
Property Address			Cleveland, OH
Phone Cell/Home	Email address		
			_
Affida	avit for Exemption of Re		<u>Fee</u>
	Billing Period		
	(STATE OF OHIO, COUNT		
			n, state that I am the owner
and/or responsible party of the			
Ohio This property of	consists ofdv	velling units, and	I am applying for exemption of
the rental registration fee for			
Cleveland Codified Ordnances (		am requesting a	an exemption from the Rental
Registration fee based on the fol			
, , , ,	• •		ng an exemption for this reason.
	_		exemption(s) from the rental
			consent inspection or other
	•		ed Ordinance, CCO Chapter 367
_		ithority to obtain	a Search Warrant to enter the
property to conduct an i	nterior inspection.		
ofdwelling unit(s) a  This Affidavit must be registration fee based of verification. Please be a	t this property. * I am some some series annually. The submitted annually. On this checked box and divised that pursuant to go Department has the august of the submitted and the submitted submitte	seeking an exemp Properties with re <b>subject to a</b> Cleveland Codifie	nge for the rental oroccupancy tion for this reason. exemption(s) from the rental consent inspection or other d Ordinance, CCO Chapter 367, a Search Warrant to enter the
understand that the City of Cleve requires that all rental units must understand that I am seeking an exprovided herein is true, accurate a statement contained herein could status and/or criminal prosecution of more than \$200.00 each day.	t be registered with the kemption from the fees rand complete to the bes I result in denial of the en. Pursuant to CCO § 365	Department of B required with that to f my knowledg xemption status, 5.02, whoever vio	uilding and Housing. I further registration. The information e. I understand that any false revocation of an exemption plates this division shall be fined
separate offense. I understand th	at if this exemption no l	onger applies, I a	m required to contact the
Department of Building and Housi	ing immediately.		
	Affiant's Signature		
SWORN TO AND SUBSCRIBED before	me on this	day of	20
			_, 20
	INOLALY PUBLIC, STATE OF C	/IIIU	
Notary's printed name:			
My commission expires:			

<sup>&</sup>lt;sup>1</sup> Value includes, but is not limited to, any government subsidies, funds through any rental assistance programs, such as the Housing Choice Voucher Program from CMHA, EDEN or any other governmental entity for the payment of rent for said units at this property.