

CASS TOWNSHIP
SCHUYLKILL COUNTY, PENNSYLVANIA
STATUS OF OCCUPANCY REPORT

(LANDLORDS SHALL FILE REPORTS WITH THE CASS TOWNSHIP SECRETARY: (1) WITHIN THIRTY (30) DAYS AFTER ACQUISITION, RENTAL OR AVAILABILITY OF RENTAL; WITHIN TEN (10) DAYS OF ANY CHANGE IN OCCUPANCY; AND EVERY ONE HUNDRED AND EIGHTY (180) DAYS PURSUANT TO CHAPTER 8 OF THE CASS TOWNSHIP CODE OF ORDINANCES)

LANDLORD/PROPERTY OWNER INFORMATION

1. Name of Landlord: _____

2. Address of Landlord: _____

3. Phone Number of Landlord: () _____

4. Address of Unit or Dwelling Being Rented: _____

5. Brief Description of each unit, including number units and whether the unit is occupied or not occupied and a determination of whether the unit is habitable.

TENANT INFORMATION

6. Name of Tenant: _____

7. Address of Tenant: _____

8. Phone Number of Tenant: () _____

IF MORE THAN ONE TENANT:

Name of Tenant: _____

Address of Tenant: _____

Phone Number of Tenant: () _____

Name of Tenant: _____

Address of Tenant: _____

Phone Number of Tenant: () _____

Name of Tenant: _____

Address of Tenant: _____

Phone Number of Tenant: () _____

BY SIGNING BELOW, I AUTHORIZE THE CODE ENFORCEMENT OFFICER TO INSPECT THE REAL ESTATE OR LEASED PROPERTY AND I VERIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND CORRECT BASED UPON MY OWN PERSONAL KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS RELATING HERETO ARE MADE SUBJECT TO PENALTIES OF 18 PA.C.S.A. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE: _____

LANDLORD: _____

LANDLORD: _____

TOWNSHIP USE ONLY

Date Received: _____ Fee Paid: _____

Manner of Payment: _____

Date of Inspection: _____ Inspector: _____ PASS FAIL