

Town of Charlotte, Vermont

Affordable Rental Housing Registration

Date ____/____/____

Address of property _____

Name of property owner _____ Phone _____

Property Identification: Parcel ID # _____

Map # _____ Block # _____ Lot # _____

Type of Rental: **Single-Family** **Duplex** **Single-Family w/Apartment**

Total Number of Occupants _____ Rental Rate \$ _____*

*If new tenant(s), attach a copy of most recent year tax return

Division of Fire Safety Certificate of Occupancy Attached: Yes No

Has this property been approved by the town for affordable rental housing? Yes* No

*If yes, please provide a copy of the lease and current HUD base rates for affordable rentals in Charlotte.

Signature of Property Owner: _____

Received by: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Lease Rental Period From ____/____/____ To ____/____/____

Number of bedrooms _____

Zoning Administrator inspection: by _____ Date ____/____/____

Outstanding items, if any: _____