

## **E STOP** Annual Application for Healthy Homes Certificate of Compliance

INSTRUCTIONS: Type or print clearly in ink. Complete all sections of this form. Please return this completed form with a site plan. If more space is needed, attach extra sheets. Save and Email the completed application to HealthyHomesRegistration@nola.gov.

RENTAL PROPERTY ADDRESS(INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)							
APPLICANT (all fields required)							
when a property is owned by a corporation or LLC, an associated natural person must be listed in this section							
OWNER NAME	REGISTERED AGENT NAME (if different from owner)						
ADDRESS(cannot be a PO Box or commercial mailing service)	) ADDRESS(cannot be a PO Box or commercial mailing service)						
CITY, STATE, ZIP	CITY, STATE, ZIP						
PHONE EMAIL	PHONE EMAIL						

Any Changes of ownership including names, addresses, or information concerning the owner, applicant, or registered agent requires re-registration within 90 days. See CCNO Sec.26-664(a)

OWNER/REGISTERED AGENT SIGNATURE:

DATE:

LOCAL CONTACT/PROPERTY MANAGER (if different from owner)							
NAME OF LOCAL	NAME OF LOCAL CONTACT/PROPERTY MANAGER PHONE						
ADDRESS(cannot be PO Box or commercial mailing service)							
DIRECT CONTACT	'NAME		ALTERNATE CONTA	CT NAME			
OFFICE PHONE CELL PHONE			OFFICE PHONE	OFFICE PHONE CELL PHONE			
EMAIL			EMAIL	EMAIL			
Type of Property: 1-3 Units 4- 49 Units 50+ Units Attach site plan Total number of units: Total number of buildings:							
Building Buildi		lding	ng Building				
Unit	Floor	Unit	Floor	Unit	Floor		

ACKNOWLEDGEMENTS

By my initials and signature below, I acknowledge the following:

\_\_\_\_All information contained in this document and attachments are true and accurate to the best of my knowledge.

\_\_I have read and understand New Orleans Code Of Ordinances Chapter 26 Article XIII Healthy Homes Program provisions.

I state under penalty of perjury that the lessor or an agent for the lessor has conducted a reasonably recent inspection of the rental housing unit and found it to comply with the minimum rental standards set forth in section 26-656 of the New Orleans Code of Ordinances.

AGENT/CONTACT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_

Continue on attached sheet(s) -



RENTAL I	PROPERTY	ADDRESS	(INCLUDE	ADDRESS	<b>#</b> ,	STREET	NAME,	&	DIRECTIONAL)	
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Building		Building		Building		
Unit	Floor	Unit	Floor	Unit	Floor	
L						
	1					
			1			