

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 | # , | STREET | NAME, | & | DIRECTIONAL) | |
|----------|----------|---------|----------|---------|------------|--------|-------|---|--------------|--|
|----------|----------|---------|----------|---------|------------|--------|-------|---|--------------|--|

| Building | | Building | | Building | | |
|----------|-------|----------|-------|----------|-------|--|
| Unit | Floor | Unit | Floor | Unit | Floor | |
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