



Current - New Tenant Registration Form

Return Form To: **Borough of Pennsbury Village**

1043 Pennsbury Blvd.
Pittsburgh, PA 15205
412-279-7876

www.pennsburyvillageboro.com

Page 1 of 3

2009

v1.0 07-02-09

This form is required to be filed with the Borough of Pennsbury Village by all property owners who rent/lease their Pennsbury condominium(s) to a third party. All landlords must file this form during the initial registration period and whenever a new tenant(s) are renting/leasing your property. A separate Tenant Vacancy Form must be filed when the current tenant(s) are moving from your property. Forms are available at the Borough's website and may be filed on-line at the website. Go to www.pennsburyvillageboro.com for more information.

Landlord's Information

Your Name: _____

Your Street Address: _____

Your City: _____

Your State: _____ Your Zip Code: _____

Your Day Phone #: _____ Your Evening Phone #: _____

Purpose: New Registration Updated Information (Please Check One)

Property Management: Managed By Owner Managed by a Local Agent (Please Check One)

Property Management Information

Complete this section only if your property is managed locally by someone other than yourself

Management Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____ Day Phone Number: _____

Email Address: _____

Property Information

Complete this section for information about your rental property.

House Number: _____ Pennsbury Street Name: _____

Current Property Status: Occupied Currently Not Leased (Please Check One)

Number of Occupants: _____ (Enter total number of persons residing in your property)

Lease Start Date: _____ Lease End Date: _____

Primary Leaseholder / Tenant #A Information

Complete this section for the primary leaseholder of your property

Leaseholder's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

The Primary Leaseholder: Resides at This Address Does Not Reside Here (Please Check One)

Resident's Age Class: Age 18 to 64 Age 65+ Not a Resident (Please Check One)

Resident's Employment Status: Student Employed Unemployed Retired
Check All That Apply

Resident's Employer: _____

Tenant #B Information

Complete this section for each additional tenant residing at this address.

Resident's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

Resident's Age Class: Age 0 to 10 Age 10 to 17 Age 18 to 64 Age 65+ (Please Check One)

Resident's Employment Status: Pre-School Student Employed Unemployed Retired
Check All That Apply

Resident's Employer: _____

Tenant #C Information

Complete this section for each additional tenant residing at this address.

Resident's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

Resident's Age Class: Age 0 to 10 Age 10 to 17 Age 18 to 64 Age 65+ (Please Check One)

Resident's Employment Status: Pre-School Student Employed Unemployed Retired
Check All That Apply

Resident's Employer: _____

Tenant #D Information

Complete this section for each additional tenant residing at this address.

Resident's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

Resident's Age Class: ___ Age 0 to 10 ___ Age 10 to 17 ___ Age 18 to 64 ___ Age 65+ (Please Check One)

Resident's Employment Status: ___ Pre-School ___ Student ___ Employed ___ Unemployed ___ Retired
Check All That Apply

Resident's Employer: _____

Tenant #E Information

Complete this section for each additional tenant residing at this address.

Resident's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

Resident's Age Class: ___ Age 0 to 10 ___ Age 10 to 17 ___ Age 18 to 64 ___ Age 65+ (Please Check One)

Resident's Employment Status: ___ Pre-School ___ Student ___ Employed ___ Unemployed ___ Retired
Check All That Apply

Resident's Employer: _____

Tenant #F Information

Complete this section for each additional tenant residing at this address.

Resident's Name: _____

Day Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ Email Address: _____

Resident's Age Class: ___ Age 0 to 10 ___ Age 10 to 17 ___ Age 18 to 64 ___ Age 65+ (Please Check One)

Resident's Employment Status: ___ Pre-School ___ Student ___ Employed ___ Unemployed ___ Retired
Check All That Apply

Resident's Employer: _____

Certification

By signing my name below, I hereby certify to the best of my knowledge, the correctness of the information I am submitting.

Signature: _____ Date: _____