



# Biennial Rental Registration

COMMUNITY DEVELOPMENT DEPARTMENT • 300 THIRD AVE NE • CAMBRIDGE, MN 55008

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Registrations must be renewed bi-annually and are non-transferable – New owners must apply for a new registration.

<b>OFFICE USE ONLY</b>	
Amount Pd _____	
Date Rec'd: _____	
PIN: _____	

<p>• All renewals are due by December 31 on odd numbered years.</p> <p>• Renewal/Registration fee is \$25 per unit. Renewals received after January 31 will be assessed a \$25 per unit late fee in addition to the renewal fee.</p>	<p><i>Tennesen Notice: Some or all information you are asked to provide is classified by State law as either private, public, or confidential. The data will constitute a public record if and when the registration is granted. Our purpose and intended use of this information is to annually update our records and records of other governmental agencies required by law. If you refuse to supply the information, the registration may not be issued.</i></p>
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**Section 1 – Rental Property Address • What is the street address of the property you are registering?**

<p>Building Name (if applies) _____</p> <p>Street Address _____</p> <p>Number of Units _____</p>	<ul style="list-style-type: none"> <li>• Mail completed form(s) &amp; fee (if applicable) to: <b>Rental Registration, City of Cambridge, 300 3<sup>rd</sup> Ave. NE, Cambridge MN 55008</b></li> <li>• If your property is <u>not</u> a rental or if you have recently sold the property, please check “Not a Rental/SOLD” below, then return the form to us and we will stop sending you the renewal notice.</li> </ul>
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**Section 2 – Rental Status • Please indicate the status of the property you are registering.**

<p><input type="checkbox"/> <b>1<sup>st</sup> TIME REGISTRATION:</b> Complete All Sections <b>Two Year Term - \$25 per unit</b></p> <p><input type="checkbox"/> <b>REGISTRATION RENEWAL:</b> Complete All Sections <input type="checkbox"/> <b>Before December 31 - \$25/unit OR After January 31 - \$50/unit</b></p> <p><input type="checkbox"/> <b>NOT A RENTAL/SOLD:</b> Complete Sections 1, 2, &amp; 7</p>	<p><input type="checkbox"/> <b>EXEMPT: State Licensed/Registered Home/PHA:</b> Enter License Number Below and Complete Sections 1, 2, 4/5, &amp; 6 • Return <b>(No Fee Required)</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Applies to properties currently licensed by the State of Minnesota. <b>License/Registration #:</b> _____</p> <p><input type="checkbox"/> <b>EXEMPT: Relative/Shared Living Space:</b> Complete Sections 1, 2, 4/5, &amp; 7 • <b>Return w/Affidavit</b> <b>(Complete Affidavit of Exemption on Back; No Fee Required)</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> An affidavit (see back side) must be filed</p>
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**Section 3 – Dwelling Information • Type of Dwelling – If there is a property line between units, a separate registration is required.**

Single Family     Twin Home     Apartment     Townhome     Duplex     Triplex     Fourplex     Condo

**Section 4 – Property Owner Information • Fee Owner of the Property.**

Property Owner \_\_\_\_\_ Contact Name (if corp.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Section 5 – Rental Manager • If different than owner, ALL correspondence will be sent to the party listed below.**

Company \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Section 6 - Questions • Must be completed.**

1. Is a criminal background check completed on each and every residential tenant?     Yes     No
2. Does a written lease exist for each and every residential property and unit dwelling thereon?     Yes     No
3. Does a written lease addendum commonly known as a “Drug Free/Crime Free Lease Addendum” exist for each and every written lease?     Yes     No

**Section 7 – Property Owner Signature & Acknowledgement • Please SIGN and DATE - Unsigned forms will be returned.**

*I certify the information contained in this form is true to the best of my knowledge; that I have read and understand the conditions under which my rental registration, if not exempt, may be suspended or revoked; and that the rental property being registered complies with applicable codes and ordinances. I hereby agree to notify the City within 30 days of any changes in ownership or type of occupancy.*

Printed Name of Owner, Partner, or Corporate Officer \_\_\_\_\_ Signature of Owner, Partner, or Corporate Officer \_\_\_\_\_ Date \_\_\_\_\_

**Complete this side if  
claiming a non-state  
licensed/registration  
exemption**

### City of Cambridge - Affidavit of Exemption

Affidavit of Exemption from Residential Rental Property Registration Pursuant  
to City Code Title IX General Regulations, Chapter 99

Property owners claiming exemption from registering their rental property must complete the Affidavit of Exemption. When completed, please return with your completed Rental Registration Form.

I, \_\_\_\_\_ am the owner of a rental dwelling  
*(Rental Property Owner Name)*

unit, as defined in Chapter 99 of the Cambridge City Code, located at \_\_\_\_\_  
*(Rental Unit Address)*

in the City of Cambridge, Minnesota.

I am exempt from the registration requirements of Chapter 99 of the Cambridge City Code because:

*Mark which applies*

\_\_\_\_\_ **All** renters residing in the rental property are related to me as a parent, child, sibling, grandparent, grandchild, step-parent, step-child, step-grandparent, or step-grandchild.

The following renters reside in the rental property:

<u>Renter(s)</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OR**

\_\_\_\_\_ I, or my family occupies the property and two or less tenants share all living spaces within the dwelling and I certify there is no separate access or living facilities.

\_\_\_\_\_  
**Signature – Rental Property Owner**

\_\_\_\_\_  
**Date**