

City of Bay City
301 Washington Ave., Bay City, MI 48708
989 894 8104 fax 989 894 8216



LANDLORD AFFIDAVIT FOR THE CITY OF BAY CITY

*Up to a \$300 Residential Deposit Required

*Up to a \$1500 Commercial Deposit Required

<input type="checkbox"/> NEW (DEPOSIT COLLECTED)	<input type="checkbox"/> RENEWAL (DEPOSIT COLLECTED)	<input type="checkbox"/> RENEWAL (DEPOSIT ON FILE)
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NAME AND ADDRESS OF LESSOR

DATE

Being first duly sworn, says: That I am the lessor of the residence at:

(Address of Rental)

That on _____ 20____, a lease was executed between myself as lessor and

Name(s) of Lessee(s)

- 1) That said lease provides and lessee covenanted, that lessor shall not be responsible for payment of water, sewer, and/or electric bills and that lessee is so responsible.
- 2) That said lease expires on _____ 20____
Further, affiant saith not.

Printed name of lessor

Signature of lessor

Subscribed and sworn before me this _____

day of _____ 20____

_____, Notary Public
_____, County, Michigan
Acting in the County of Bay
My Commission Expires: _____

REQUIREMENTS:

- 1) Property must be a "REGISTERED RENTAL" to qualify
- 2) Affidavit will not be accepted if past due balance exists on account
- 3) The city of Bay City Utility Customer Service/Treasurer Department must be provided not less than 20 days or more than 30 days written notice by the lessor of any cancellation, change, or termination of this lease. If lease ends by its terms, or by court order, the lessor shall request a final read of all utilities within 2 business days.

EVICITION REQUIREMENTS:

- 1) Lessor shall notify the City in the event they commence court eviction proceedings. Lessor must provide a copy of **filed complaint** and a final read will be scheduled within 2 business days of City receiving the **Final Order of Eviction Notice**.

For Office Use Only

Registered Rental: Yes or No (circle)

Copy of Lease on file: Yes or No (circle)

Current Balance: \$ _____ Due Date: ____/____/____ Arrears \$ _____

Accepted LLAF as Valid: _____ Denied LLAF as Invalid: _____ (Reason Noted Below)

Landlord was notified of Accepted or Denial of Affidavit by one of the following methods:

- Verbal in office with copy of denial
 By phone and copy of denial issued by mail
 By mail only as verbal attempts were unsuccessful

Notified Landlord of Denial or Invalid Affidavit on: _____ Date Notified: ____/____/____

*** Expired Affidavit Checklist ***

1. Was written notice given not less than twenty (20) days or more than thirty (30) days, notice if the lease agreement is terminated for any reason prior to the expiration date?
 YES NO
2. Did the lease end by its terms?
 YES NO
3. Did the lease end by eviction with all requirements met?
 YES NO
4. If yes, did the lessor request a final read for all utilities within two (2) business days?
 YES NO

The Landlord Affidavit is invalid if "NO" was indicated on any of the four (4) above questions. Include any additional reasons that were considered to invalidate the Affidavit.

LLAF Valid: _____ LLAF Invalid: _____ (Invalid Reason Noted Below)

Accepted, Approved & Processed By: _____