



NEW
RENEWAL

LANDLORD AFFIDAVIT FOR CITY OF BAY CITY

(NAME AND ADDRESS OF LESSOR)

being first duly sworn, says:

- 1. That I am the lessor of the residence at _____
(Address of Rental)
- 2. That on _____ 20 _____, a lease was executed between myself as lessor and

(Name(s) of Lessee) (Name(s) of Lessee) (Name(s) of Lessee)
as lessee of said premises.

- 3. 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.

- 4. That said lease expires on _____, 20 _____

Further, affiant saith not.

Signature of lessor: _____

Printed name of lessor: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____, Notary Public

_____ County, Michigan

Acting in the County of Bay

My Commission Expires: _____

IMPORTANT:

- 1. Property must be a **“REGISTERED RENTAL”** to qualify.
- 2. Affidavit will not be accepted if a past due balance exists on account.
- 3. The City of Bay City Accounts Receivable department must be provided not less than twenty (20) days or more than (30)days written notice by the lessor of any cancellation, change, or termination of this lease.

OFFICE USE ONLY:

Attach: Copy of Lease _____ Account # _____

Registered Rental: yes or no (circle)

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

Received by C.S. Rep: _____ Date Rec'd: ____/____/____

OFFICE USE ONLY:

Acceptance Information:

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

Was Landlord Notified of Invalid LLAF? _____ If Yes, Date Notified: ____/____/____

Approved By: _____ Entered By: _____

Expiration Information:

Was written notice given not less than twenty (20) days or more than thirty (30) day, notice if the lease agreement in terminated for any reason prior to the expiration date. Such notice must be submitted in writing to be valid-no verbal statements will be accepted.

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

Was Landlord Notified of Invalid LLAF? _____ If Yes, Date Notified: ____/____/____

Approved By: _____ Entered By: _____

