



# Manheim Borough

15 East High Street Manheim, PA 17545

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## RENTAL INSPECTION APPLICATION

An application shall be filled out for each unit; if there are multiple units, it is recommended that you fill out all common information, copy the form and then complete any information specific to that unit

Inspection Address \_\_\_\_\_

Total Units on Property \_\_\_\_\_ Unit Scheduled for Inspection \_\_\_\_\_

### *\*\*Reason for Inspection\*\**

Required Inspection \_\_\_\_\_Y \_\_\_\_\_ N      **OR**      Change of Tenant \_\_\_\_\_Y \_\_\_\_\_ N

Person who will be present for inspection \_\_\_\_\_

Their Phone No. \_\_\_\_\_

Owner/Agent/Contact \_\_\_\_\_ Other; please identify \_\_\_\_\_  
(PLEASE CIRCLE ONE)

Owners Name & Contact No. if he/she **will not** be present \_\_\_\_\_

1. If the property owner lives in one of the units, that unit is exempt from an inspection. In certain circumstances, a current license or other photo ID with their address shall provide proof.
2. All shared common areas will be inspected; interior and exterior.
3. Access will be required into basements regardless if it is available to the tenant or not.
4. Tenants must be notified per the Tenant/Landlord Laws in order to gain access into their unit.
5. The person present for the inspection must be an adult over the age of 18
6. Aggressive dogs need to be crated or kept on a secure leash during the inspection

Please mail the application(s) and required fees, \$55.00 per unit to the address shown above. Someone will contact you after the information is received to schedule or confirm the inspection date and time. If you prefer a certain timeline please specify below and every effort will be made to accommodate you.

Preferred Date & Time \_\_\_\_\_

*Please contact this office a minimum of 24 hours prior to the inspection should you need to cancel an appointment. If you are running late for the appointment please notify this office asap.*

**Unit Information; please check all that apply**

Living Room \_\_\_\_\_  
 Dining Room \_\_\_\_\_  
 Kitchen \_\_\_\_\_  
 No. of Bedrooms \_\_\_\_\_  
 No. of Bathroom \_\_\_\_\_  
 Garage \_\_\_\_\_ Y \_\_\_\_\_ N Does tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N  
 Basement \_\_\_\_\_ Y \_\_\_\_\_ N Does the tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N  
 Attic \_\_\_\_\_ Y \_\_\_\_\_ N Does the tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N  
 Use of Attic \_\_\_\_\_  
 How is the attic space used? Storage, bedroom, playroom etc.

**Rooming/Boarding House**

No. of Rooms \_\_\_\_\_  
 No. of Bathrooms \_\_\_\_\_  
 Kitchen \_\_\_\_\_  
 Cooking permitted in the rooms \_\_\_\_\_ Y \_\_\_\_\_ N

**CURRENT TENANT INFORMATION**

Unit #	Name	Adult - Child (up to 18 years) or Senior?	Occupancy Date Month & Year

*I certify that the above information is true and correct to the best of my knowledge and belief.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_