



MGCA HOME RENTAL PERMIT APPLICATION

Rental Property Owner (MGCA Member) Name: _____
Rental Property Street Address (no PO Box): _____
Rental Property Owner (MGCA Member) Phone: _____

Type of Rental: Short-term Long-term (*12 or more consecutive months to same tenant*)

If Long-term: Lease Start Date: _____ Lease End Date: _____

Primary Contact (*Should be reasonably available to take immediate corrective action in event of certain rules violations*)

Name: _____ Email: _____
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street/PO Box City State Zip </div>
Phone: _____ Evening/
Cell: _____ Daytime: _____ Nighttime: _____

Secondary Contact (*Should be reasonably available to take immediate corrective action in event of certain rules violations*)

Name: _____ Email: _____
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street/PO Box City State Zip </div>
Phone: _____ Evening/
Cell: _____ Daytime: _____ Nighttime: _____

Applicant (Member) Signature: _____ **Date:** _____

Please submit your completed Home Rental Permit Application form along with a check payable to MGCA in the amount of \$75 to: MGCA, P.O. Box 428, Mount Gretna, PA 17064

<i>FOR OFFICE USE ONLY</i>		
Date Application Rec'd: _____	Rental Permit Fee Paid: <input type="checkbox"/> 61X _____	
Permit Type: <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term	Past violations: _____	
Dates: Provisional Approval: _____	LLO Deadline: _____	LLO Completion: _____
Permit Year: _____	Permit Issue Date: _____	Permit Number: _____