



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: _____
Street/PO Box City State Zip

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: _____
Street/PO Box City State Zip

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

FOR OFFICE USE ONLY

Date Application Rec'd: _____ Rental Permit Fee Paid: ☐ 61X _____

Permit Type: ☐ Short-term ☐ Long-term Past violations: _____

Dates: Provisional Approval: _____ LLO Deadline: _____ LLO Completion: _____

Permit Year: _____ Permit Issue Date: _____ Permit Number: _____