

City of New Orleans Application for Healthy Homes Certificate of Compliance

Section 1. ADDRESS OF RENTAL HOUSING UNIT / LOT OF RECORD

(If there are multiple rental units on the same lot of record, please list all units/apartments/etc. in Section 4 of this application.)

Section 2. APPLICANT INFORMATION (all fields required)

LESSOR NAME: _____

ADDRESS (cannot be a PO Box or commercial mailing service): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

In the case of a juridical lessor (e.g. an LLC), include the following information for the lessor's registered agent / duly authorized representative:

REGISTERED AGENT / AUTHORIZED REPRESENTATIVE NAME: _____

ADDRESS (cannot be a PO Box or commercial mailing service): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Section 3 (if different from lessor). PROPERTY MANAGER / OTHER PERSON LESSEE(S) SHOULD CONTACT TO REQUEST REPAIRS OR RAISE ISSUES REGARDING RENTAL CONDITIONS

NAME: _____

ADDRESS (cannot be a PO Box or commercial mailing service): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Section 4 (if applicable). LIST OF ALL RENTAL UNITS LOCATED ON THIS LOT OF RECORD

Additional rental housing units (e.g. apartments):

Section 5. ATTESTATION

I affirm by my signature below that, under penalty of perjury, the lessor or the agent for the lessor has conducted a reasonably recent inspection of the rental housing unit(s) described herein and found it/them to comply with the minimum rental standards set forth in Sec. 26-656 of the Code of the City of New Orleans.

Signature Date

ONCE COMPLETED, SCAN THIS APPLICATION AND E-MAIL IT TO [**healthyhomesregistration@nola.gov**](mailto:healthyhomesregistration@nola.gov)