

STATE OF INDIANA

\$25 FEE Paid: _____

TOWN OF MUNSTER

Date: _____



**AFFIDAVIT FOR EXEMPTION FROM
RENTAL UNIT INSPECTION AND ASSOCIATED INSPECTION FEES**

In accordance with the adoption of Ordinance 1483 on October 11, 2010, the undersigned upon oath, under penalties for perjury, state as follows:

1. The undersigned are the owners of real estate in the Town of Munster, Lake County, Indiana, and acknowledge that the real estate is being used for the purpose of single-family rental within the Town of Munster and is located as follows:

Street Address: _____

Legal Description of Property: _____

2. The undersigned acknowledge that they are currently renting the said unit to a lineal relative, as defined by IC 6-4.1 Sec. 3(a), who is of the following relation:

This Affidavit is made for the purpose of inducing the Town of Munster to exempt this property and the owner thereof from rental unit inspection and associated inspection fees. **The undersigned agrees that the duration of this exemption is one year and that it is the responsibility of the undersigned to REAPPLY to be eligible for this exemption at the end of the one year period.** Further, the undersigned also agrees that if such exemption is granted, the undersigned shall hold the Town of Munster harmless and indemnify it from any expense, charge, attorney fee, penalty or the like incurred or disbursed in the event the representations herein are false or untrue, or become hereafter false or untrue.

ATTEST:

Signature of Landlord

Signature of Renter

Signature of Landlord

Signature of Renter

Printed Names

Printed Names

Date: _____

Date: _____

Landlord's Address: _____

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for the State of Indiana, County of Lake,
personally appeared _____ and acknowledged his/her execution of the foregoing
document on this _____ day of _____, 20____, for the uses and purposes set forth therein.

, Notary Public

Commission Expires: _____

County of Residence: _____