# **Community Development**



# **Rental License Plan**

This form can be found on the website at www.brooklyncentermn.gov/government/departments/administration/business-licensing/rental-dwellings or call (763) 569-3330 for an electronic version to be sent via email.

Property Address:	
police nuisance incidents, the above property is ensure timely completion of the license applica approval. It includes measures that must be ta	plations found during the initial rental license inspection and/or validated <b>s required to submit a Rental Plan (Type III or Type IV).</b> In order to tion process, a plan must be completed immediately and submitted for the to ensure ongoing compliance with City Ordinances and applicable and the City to review concerns and identify possible solutions to improve
requirements are not completed within the licen	nent action may be taken to ensure compliance. If all Rental Plan se period, or the above property operates beyond the license expiration tive citation, formal complaint or license review may result.
Read carefully and be sure to follow	v instructions, otherwise your plan will not be approved.
Owner's Name(s):	Local Agent:
Owner's Address:	Agent Address:
Owner's Phone:	Agent's Phone:
Owner's Email:	Agent's Email:
Current License Expiration Date:	

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Rental License Plan, Rev. 12-2023

City of Brooklyn Center—Community Development

www.brooklyncentermn.gov

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### Sections A—Crime Free Housing Program Requirements

Phase I -	Rea	ad and check each box.
	1)	A written lease agreement is required. The lease agreement shall include the Crime Free Housing Lease Addendum. A copy of the lease agreement and Crime Free Housing Lease Addendum must be attached to the Plan.
	2)	Agree to pursue the termination of lease agreement or eviction of tenants who violate the terms of the lease or any addendums.
	3)	Conduct criminal background check(s) for all new prospective tenants. If it is a current tenant a new background check is not required. Upon the City's request, documentation showing a background check was completed must be provided.
	4)	Attend an approved eight-hour Crime Free Housing training course. Information for approved courses can be found at www.mncpa.net. If you have completed the course attach a copy of the Crime Free Housing Certificate to the Plan.
		Crime Free Housing training is completed
		Crime Free Housing training is scheduled for
		Owner or agent plans to attend training at :  Name of City
Ph	ase	II - Read and check each box.
	1)	Complete a <b>Security Assessment</b> and implement improvements required by City ordinance 12-914. To schedule a Security Assessment, call (763) 569-3330.
	2)	A follow-up assessment must be completed before the license expiration date to verify the security improvements have been implemented. To schedule a follow up inspection call (763) 569-3330.
		Security Assessment is completed
		Security Assessment is scheduled for
		Type IV Consultation (due to repeat Type IV license) is scheduled for

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#### Section B—Steps to Improve Management and Conditions of Property

The items in this section have been proven to assist with property management, property image, and rental license category improvement.

The follo	win	g actions are required:
	1)	Check-in with tenants every 30-days.
	2)	Drive by property to check for possible code violations.
	3)	Evict tenants in violation of the lease or any addendums.
	4)	Remain current on all utility fees, taxes, assessments, fines, penalties, and other financial claims payments due to the City.
	5)	Have no repeat code violations previously documented with the past year.
$\Box$	6)	Conduct a pre-inspection of the property prior to the rental license inspection.
	7)	Other:
The follo	win	g actions are required for Multi-Family properties with four (4) or more units.
	1)	Conduct resident training annually to include crime prevention techniques.
	2)	Conduct regular resident meetings. Resident meeting is scheduled for:
The follo	win	g actions are optional unless required by the City.
	1)	Provide lawn/snow service.
	2)	Provide garbage service.
	3)	Install security system.
	4)	Provide maintenance service plan for appliances.
		Name of service company:
	5)	Other:





#### Sections C-Long Term Capital Improvement Plan

All components of a house will need to be replaced when it is beyond repair or its useful life. Based on condition, age, and use, an estimated replacement date will need to be provided for each listed item. Items that are broken, damaged, worn, or inoperable may require replacement sooner than scheduled.

All items **MUST** have a date under the *Estimated Replacement Date*. **Plans will not be approved if writing "unsure", "don't know", or leaving it blank.** If you are unsure of when an item will need to be replaced, you can make a prediction based on the age, use, condition, or manufacture recommendations.

*Condition Abbreviations:	New=N	Good=G	Fair=F	Needs Replacement=R
Item	Last Replaced	Condition*	Estimated Rep	lacement Date
Example: Water Heater	May 2010	F	May 2020	
Item	Last Replaced	Condition*	Estimated Rep	lacement Date
Furnace				
Water Heater				
Kitchen Appliances				
Laundry Appliances				
Smoke Alarms/ Carbon Monoxide Alarms				
Exterior Items				
Paint/Siding				
Windows				
Roof				
Garage				
Driveway				
Fence		. <u>——</u>		
Sidewalks		. <u>——</u>		
Shed				

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#### D. Sign and Verify

The licensee must comply with the approved Plan and all applicable City Codes. A copy of the approved plan will be sent with a reminder notice to comply with the rental license requirements.

I verify that all information provided is true and accurate. I understand that if I do not comply with the approved Plan, comply with all items within the license period, or operate beyond the license expiration date, enforcement actions such as citations, formal complaints, or license review may result.

Owner or Agent Name and Title (Plea	ase Print)		
Owner or Agent Signature		 Date	
	City Staff Only		
Community Development		 Date	