



**APPLICATION FOR MEMBERSHIP IN THE  
WASHINGTON TERRACE GOOD LANDLORD PROGRAM**

The Washington Terrace City Good Landlord Program was created for eligible Landlords who implement effective property management practices that result in safe, clean, and attractive places for people to live. In order to be reviewed for possible participation in the Good Landlord Program, Landlords must be eligible, complete, and submit this Application. Landlord who participate in the Good Landlord Program enjoy specialized training to help Landlord with property management, a significant license fee reduction, and other benefits associated in cooperation with Washington Terrace City. Membership in the Good Landlord Program is not mandatory, but highly beneficial for effective and responsible landlords.

Name of Applicant:

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Name of Business (if applicable):

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Mailing Address:

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City, State, Zip:

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Physical Address (if different from mailing address):

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City, State, Zip:

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Phone Number(s) and Email:

Business: \_\_\_\_\_

Other: \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Entity type:

- Sole Proprietorship     Utah Corporation     Limited Liability Company (LLC)  
 Partnership                       Foreign Corporation

List all owners other than applicant. If a corporation, partnership,

or LLC, list other officers, general partners or members.

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<b>Please Answer the Following:</b>			
Yes	No	Subject	If you answered Yes, please explain.
		Have you ever received a Notice of Violation from City?	
		Have you ever been issued a citation from the City?	
		Is there a Certificate of Noncompliance on the property?	
		Are you aware of any recent criminal activity on premises?	
		Are you aware of any recent drug activity on the premises?	
		Do you owe any past due fees (including utilities) or fines?	
		Are you aware of any violation to a Conditional Use Permit?	
What is the date that the rental units were constructed?			
What is the date that you acquired the rental units?			

Local Agent/Manager Information (must reside within Weber County)  
 Property Name (if applicable):

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Property Management Company, if any: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Number of buildings at legal address \_\_\_\_\_

Rental dwelling type:

- Condo  Duplex  
 Triplex  
 Fourplex  Single family dwelling  
 Apartment (3 or more units)

**Property Information and Inventory**

If you own multiple properties in different locations, please complete a separate Property Information Form for each location. Please do not list multiple buildings in this section unless they are part of a complex.

Building No.	Property Address	Number of Dwelling Units	Number of Occupants per Unit

**Program Eligibility Statement**

As a Landlord, I understand that I am eligible to participate in the Program by completing the following:

1. Application. Submit to the City a complete Application to enter the Program. Landlord has the duty to ensure that Landlord’s information in the application remains current and accurate. Should any information in the application change, Landlord shall notify the City within thirty (30) days of the change and update the information accordingly.
2. Landlord Course. Completing at least eight (8) hours in a property management training course that is:
  - a. Sponsored by the City, or a City approved provider.
  - b. Sponsored by another jurisdiction or organization with curriculum and Program that is pre-approved by the City’s licensing authority before making application.
3. Continuing Education. Obtain at least four (4) hours in a refresher course for relating to landlord training as pre-approved by the City’s licensing authority.
4. Agreement. Execute the Good Landlord Program Agreement with the City.
5. Compliance. Landlord is expected to comply with the terms of the Good Landlord Program Agreement and with applicable federal, state, and local laws or regulations.
6. Good Standing. Landlord is to be and remain in good standing, and be current with all fees relating to Landlord’s premises. “Good standing” also means that the Landlord has not been previously terminated from the Program for breach of this Agreement, or other cause that renders Landlord ineligible to participate for a certain period of time.

I, the undersigned individual, hereby certify that I am authorized to enter this agreement as or

on behalf of the subject Landlord, I have read the Program Eligibility Statement and to the best of my information and belief I am eligible to participate in the Good Landlord Program.

SIGNATURE \_\_\_\_\_ DATE

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_