



**CITY OF BLOOMINGTON  
RENTAL UNIT OCCUPANCY AFFIDAVIT**

**Housing & Neighborhood Development  
P.O. Box 100  
Bloomington, IN 47402  
Phone: (812) 349-3420 Fax: (812) 349-3582  
Email: [hand@bloomington.in.gov](mailto:hand@bloomington.in.gov)**

**As required by Section 16.03.025 of the Bloomington Municipal Code.**

Address of Residential Rental Unit (include apt. number): \_\_\_\_\_

I am a competent adult and make this affidavit based upon my personal knowledge. I have made reasonable inquiry into the identity of all tenants occupying this Residential Rental Unit over the age of 18. The names of each and every occupant over the age of 18 residing in this residential rental unit are as follows:

Name:

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

The lease for this residential rental unit is from \_\_\_\_\_ to \_\_\_\_\_.

Initial one of the following:

\_\_\_\_\_ I am the owner of this residential rental unit.

\_\_\_\_\_ I am the agent of this residential rental unit.

As set forth in BMC 16.03.025, the owner or agent of a residential rental property consisting of not more than 4 dwelling units per building shall complete and maintain an updated occupancy affidavit for each dwelling unit, and each tenant occupying the dwelling unit shall sign the same within 15 days of the date of any change in occupants.

I affirm, subject to the penalties in BMC 16.10.030(b), that the foregoing representations are true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_  
Owner/Agent Owner/Agent

All Tenants listed above for this Residential Rental Unit are required, pursuant to BMC 16.03.025 to review the information contained in this document and affirm that the information contained herein is true and accurate.

**Tenant Confirmation:** I affirm, subject to the penalties provided in BMC 16.10.030(b), that the foregoing representations are true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

**Owner/Agent Verification of Refusal to Sign:** I affirm, subject to the penalties provided in Bloomington Municipal Code 16.10.030(b), that I have requested that the tenants sign this occupancy affidavit and the following tenants have refused to do so:

Name (please print legibly):

\_\_\_\_\_  
\_\_\_\_\_

**Please note that per BMC 16.03.025(c), this affidavit form shall be maintained and made available in accordance with the following:**

*For each dwelling unit, the owner or agent shall complete an updated occupancy affidavit and each tenant shall sign the same, as set forth above, within fifteen calendar days from the date of any change in the occupancy in the dwelling unit. The owner of the residential rental unit shall retain completed occupancy affidavits until the date of any further change in the occupancy in the dwelling unit. The owner of a residential rental unit shall produce and permit inspection of an occupancy affidavit during any HAND inspection, or upon request by the city.*