

Non-owner Occupied Residential Rental & Licensing Program Exemption Form

**THIS EXEMPTION FORM IS ONLY VALID FOR THE CURRENT PROGRAM YEAR**

All residential parcels of real estate upon which a dwelling or dwelling unit is located and which said dwelling or dwelling unit is one that is occupied or will or may be offered or made available for the occupancy by a person or persons other than the owner of the dwelling or dwelling unit, shall be subject to the Residential Rental & Licensing Program requirements as contained in Ordinance 2-2019.

The following shall be exempted from the requirements of the Program, provided the owner completes this exemption form annually supporting the basis for said exemption:

1. An owner whose primary relationship with a tenant is that of a licensed health care provider.
2. An owner of property in which the owner is not an occupant, but an immediate family member of the owner is an occupant.
3. An estate which owns property that contains an occupant that is an immediate family member of the decedent or a beneficiary of the estate during the term of the administration of the estate.
4. A place of worship that owns property which is occupied by a clergy or officiant of its worship services.
5. A trust which owns property that is occupied by the settlor or grantor, so long as the occupant is the settlor, grantor or beneficiary of the trust or an immediate family member of the settlor, grantor or beneficiary.
6. A corporation, limited liability company, limited liability partnership, partnership, limited partnership, or other legal business entity which owns property that is occupied by the person who owns a majority or controlling interest in such entity, or a member of his or her immediate family.

The definition of immediate family is a spouse, parent, step-parent, child, step-child, grandparent, grandchild, brother, step-brother, sister or step-sister of the owner.

Additionally, dwellings or dwelling units that are subject to inspections by another government entity are exempt from registration.

\_\_\_\_\_  
**Date** \_\_\_\_\_ **Property Owner** \_\_\_\_\_

**I am filing an exemption for my property located at:**

**Address** \_\_\_\_\_

**Unit No.** \_\_\_\_\_ **Reason for Exemption (select a number above)** \_\_\_\_\_

I understand that any changes in the status of this exemption must be reported to the Office of the Fire Marshal within thirty (30) days of the change in status. I acknowledge all statements made herein are true to the best of my knowledge or information. I understand that false statements are subject to penalties under 18 Pa. C.S. Section 4904 relating to false statements to authorities.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_