

Landlord Registration

If you wish to be placed on the Off Campus College (OCC) registration and housing list, and to list your available rental unit(s) on the OCC computerized housing list, please complete, sign and return this form, along with the yellow or white information card as soon as possible.

Sign the certification below:

1. I have a current certificate of compliance for each unit I intend to list with the OCC Office from the appropriate municipal code enforcement agency. *Please forward a copy of your most recent compliance certificate(s).*

****Please note that we require a valid certificate of compliance from the local Code Enforcement Office dated within 1 year of the listing date in order to list your apartment. No exceptions will be made.***

2. I hereby certify that any accommodations listed by Off Campus College are made without restriction based on race, creed, color, national origin, gender, disability, sexual orientation, or marital status.

3. I understand that if a student becomes a tenant in any of my premises, State University of New York assumes no obligation for damage or payment of rent, and that University sanctions will not be employed to assure payment of financial obligations or to resolve differences between tenants and landlords.

Signature of Landlord

Date

Print your full name and address below:

Name: _____ Phone: _____
Street: _____ City _____ State _____ Zip _____

If applicable, print name and address of your agent:

Name: _____ Phone: _____
Street: _____ City _____ State _____ Zip _____

We are unable to list your available rental unit(s) until we receive this form and a copy of your certificate of compliance. Please return promptly to:

**Off Campus College
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000**

Apartment Listing Form

Date Submitted:_____

Date Available:_____

Address:_____

Rent per unit:_____ (not per person)

Deposit:_____

Landlord/owner:_____

Phone Number:_____ **Time to call:**_____

Landlord's Agent:_____ **Furnished:** Yes / No

Certificate of Compliance:_____

Blocks from bus:_____ **Wheelchair possible:**_____

Floor:_____

of Rooms:_____ **# of Bedrooms:**_____ **# of apts in building:**_____

Appliances: stove/refrigerator/washer/dryer

Utilities Included:_____

Landlord provides: off street parking/garage/driveway/other:_____

Lease: Yes/No **Lease Length:**_____

Pets:_____

Other:_____

PLEASE NOTIFY OCC IF LISTING IS RENTED