

LANDLORD WORKSHOP REGISTRATION



Name: _____
(Please print) First MI Last

Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Preferred method of contact: Phone Email Both

Are you a: Property owner Property Manager

How many rental units do you own/manager? 1-3 4-6 7-10 10-20 20+

1. What zip codes do you have properties/units in?

2. Do you participate in the Section 8 housing subsidy program? Yes No

3. Would you like to receive email notifications of future landlord workshops? Yes No

4. What workshop topics would interest you?

- | | |
|--|--|
| <input type="checkbox"/> "Ask an attorney" type of legal advice forum | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> Crime Free Housing Ordinance | <input type="checkbox"/> Fair Housing |
| <input type="checkbox"/> Acquiring new investment properties: Return on investment | |
| <input type="checkbox"/> Financing & Insurance | |
| <input type="checkbox"/> Pets/service animals/companion animals | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Lease dos and don'ts | <input type="checkbox"/> Renting to people with a criminal history |
| <input type="checkbox"/> Marketing open units | <input type="checkbox"/> Student rentals |
| <input type="checkbox"/> Other topics: | |
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