

David A. Gonzalez
Mayor

Lori Wilcox
City Clerk

Jim Dee
Treasurer

CITY OF CHICAGO HEIGHTS
1601 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS 60411
(708) 756-5304 / FAX (708) 756-5310

DATE _____

NEW (RRO) RESIDENTIAL RENTAL OPERATING LICENSE APPLICATION

ALL APPLICANTS MUST HAVE COMPLETED THE CRIME FREE MULTI-HOUSING CLASS BEFORE APPLYING FOR AN RRO LICENSE. ATTACH A CERTIFICATE OF COMPLETION.

TO CITY CLERK: THE UNDERSIGNED HEREBY MAKES APPLICATION TO OPERATE A RENTAL DWELLING OR RENTAL DWELLING UNIT, ROOMING HOUSE OR ROOMING UNIT, OR A RESIDENTIAL TOWNHOME OR CONDOMINIUM WITHIN CHICAGO HEIGHTS, IL.

LICENSE IS VALID FROM DATE OF ISSUE TO DECEMBER 31ST OF EACH YEAR AT WHICH TIME IT IS DUE FOR ITS ANNUAL RENEWAL. ALL RESIDENTIAL RENTAL OPERATING LICENSE RENEWALS ARE EFFECTIVE JANUARY 1ST AND EXPIRE DECEMBER 31ST OF EACH YEAR. SEE LICENSE FEE SCHEDULE ATTACHED.

ATTACH READABLE COPY OF DRIVER'S LICENSE OF OWNER OR MANAGER/AGENT

BIRTH DATE _____ BIRTH PLACE _____ DRIVER'S LICENSE # _____

PROPERTY OWNER NAME _____

PROPERTY OWNER HOME ADDRESS _____

OWNER HOME PHONE _____ CELL _____ BUSINESS _____ FAX _____

APARTMENT COMPLEX NAME: _____

COMPANY OWNERSHIP: NAME & ADDRESS _____

CORPORATION? YES _____ NO _____ PRESIDENT _____

PROPERTY OWNER E-MAIL ADDRESS _____ WEBSITE _____

OWNER OR MANAGER OR AGENT: ALL APPLICANTS MUST HAVE ATTENDED THE CRIME FREE MULTI-HOUSING CLASS; ATTACH A CERTIFICATE OF COMPLETION.

BIRTH DATE _____ BIRTH PLACE _____ DRIVER'S LICENSE # _____

MANAGER/AGENT NAME: _____

MANAGER/AGENT BUSINESS ADDRESS _____

MANAGER/AGENT HOME ADDRESS: _____ TITLE: _____

HOME PHONE: _____ CELL: _____ BUSINESS _____ FAX: _____

MANAGER E-MAIL ADDRESS _____ WEBSITE _____

NEW RRO APPLICATION / PROPERTY OWNER NAME _____

LIST ALL RENTAL PROPERTIES OWNED & NUMBER OF UNITS FOR EACH PROPERTY:

- 1) _____ Units 2) _____ Units
- 3) _____ Units 4) _____ Units
- 5) _____ Units 6) _____ Units

_____ CHECK HERE IF MORE PROPERTIES ARE LISTED ON LAST PAGE. TOTAL UNITS _____

PROOF OF SCAVENGER / TRASH PICK-UP MUST BE ATTACHED FOR DWELLINGS OF 3 OR MORE UNITS:

SKYLINE (754-5460) _____ HOMEWOOD (798-1004) _____ STAR A&J (748-8381) _____

(Attach your most current invoice or call scavenger company to fax proof to City Clerk at 756-5310)

ANNUAL RRO RESIDENTIAL RENTAL OPERATING LICENSE FEES

DWELLING UNITS PER BUILDING	LICENSE FEES
ONE UNIT OR SINGLE FAMILY RESIDENCE	\$ 75.00
TWO UNIT BUILDING WITH OWNER OCCUPYING ONE UNIT\$	\$ 50.00
TWO UNITS TO SIX UNITS	\$100.00
SEVEN UNITS TO ELEVEN UNITS	\$ 225.00
TWELVE UNITS TO NINETEEN UNITS	\$ 300.00
TWENTY UNITS TO FIFTY UNITS	\$ 400.00
FIFTY-ONE UNITS OR MORE	\$ 500.00
	(PLUS \$2.00 FOR EACH UNIT OVER 50)

NEW RRO APPLICATION / PROPERTY OWNER NAME _____

EMERGENCY PHONE LIST

THE CHICAGO HEIGHTS POLICE DEPT REQUIRES THE FOLLOWING IN ORDER TO PROVIDE THE COMMUNITY WITH THE BEST POSSIBLE SERVICE:

PHONE NUMBERS OF PERSONS WHO ARE ABLE TO REACH YOU IN AN EMERGENCY:

- 1. NAME: _____ PHONE: _____
- 2. NAME: _____ PHONE: _____
- 3. NAME: _____ PHONE: _____

LIST ADDITIONAL OWNERS OF PROPERTY:
NAME & ADDRESS

- 1. _____
- 2. _____

I AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND ORDINANCES OF THIS CITY. I AFFIRM THAT ALL STATEMENTS MADE ARE TRUE. I UNDERSTAND THAT A CRIME FREE LEASE ADDENDUM MUST BE SIGNED FOR EACH ORAL OR WRITTEN LEASE.

PROPERTY OWNER *SIGNATURE* _____ DATE _____

MANAGER / AGENT *SIGNATURE* _____ DATE _____

OWNER / MANAGER/AGENT PRINTED NAME _____

OFFICE USE ONLY

INVESTIGATION: FAVORABLE _____ UNFAVORABLE _____

POLICE APPROVAL (CRIME FREE CERTIFICATE ATTACHED) _____ DATE _____

CODE ENFORCEMENT APPROVAL _____ DATE _____

CITY CLERK APPROVAL _____ DATE _____

\$ _____ PAID ON _____ RRO LICENSE # _____ ISSUED: _____ RELEASED: _____

August 23, 2012



TENANT

APPLICATION FOR WATER SERVICES

Date: _____

Service Start Date: _____

Service Address: _____

Tenant Information:

Primary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Secondary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Landlord Information:

Landlord's Name: _____ Phone #: _____

Address: _____ City: _____ State _____ Zip _____

As the tenant of this property I acknowledge that I am responsible for the water and I understand that if I move from this property I must have a final reading and leave this property with a zero balance.

Signature

Date

<p>FOR OFFICE USE ONLY: CLERK'S OFFICE</p> <p>Proof of residency: <input type="checkbox"/>Lease <input type="checkbox"/>Mortgage</p> <p>Proof of ID: <input type="checkbox"/>D/L <input type="checkbox"/>State ID <input type="checkbox"/>Other: _____</p> <p>Date: _____ Clerk: _____</p>	<p>FOR OFFICE USE ONLY: W/B</p> <p><input type="checkbox"/>Approved <input type="checkbox"/>Denied Reason: _____</p> <p>Reading: _____ Balance: _____</p> <p>Date: _____</p> <p style="text-align: right;">Revised kj/4/24/12</p>
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LANDLORD/OWNER

APPLICATION FOR WATER SERVICES

Date: _____

Service Start Date: _____

Service Address: _____

Landlord Owner Assuming Responsibility [Reason]: _____

Select only one: (Note: If you are the owner and you are renting please check Landlord)

Landlord/Owner Information:

Primary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Secondary Name: _____ State ID/Driver's License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Date of birth: _____

Person Responsible for the water bill: Owner /Landlord Tenant

If the Tenant is responsible for the water bill a duplicate bill will be sent to the billing address.

Billing Address: Billing Name: _____
Billing Address: _____
Billing City: _____ State: _____ Zip: _____

Tenant Information: (only complete if the tenant is responsible for receiving the water bill)

Name	Address/City/State	Telephone/Cell Phone

As the landlord/owner of this property I plan to rent this property. **By renting this property I understand that I am ultimately responsible for the water bill on this account. If the tenant leaves an outstanding balance on this account, I understand that I am responsible for paying the outstanding balance.** I also understand that before a new tenant can move into this property a final bill must be processed, the water bill must have a zero balance and a new tenant's application must be submitted.

As the owner of this property I plan to live in this property and I acknowledge that I am responsible for the water bill. I understand that if I plan to rent this property that I must have a final bill produced and have the prospect tenant complete an application for water services.

Signature

Date

FOR OFFICE USE ONLY: CLERK'S OFFICE
 Proof of residency: Lease Mortgage
 Proof of ID: D/L State ID Other: _____
 Date: _____ Clerk: _____

FOR OFFICE USE ONLY: W/B
 Approved Denied Reason: _____
 Reading: _____ Balance: _____
 Date: _____ Revised kj/4/24/12