



DEPARTMENT OF COMMUNITY DEVELOPMENT

SMALL TOWN FEEL WITH A WORLD AT ITS TOUCH

4501 NORTH 25TH AVE
SCHILLER PARK, ILLINOIS 60176-1455
TELEPHONE 847 671-8555
FAX 847 671-9783

CRIME FREE HOUSING PROGRAM*
(Single Family Home/Condo/Two-Flat Unit Rental License Application)

Property to be rented (Circle One): Single Family Condo Two-Flat

Property Address: _____

UNIT _____ Number of Number of Number of
(If applicable) Rooms: _____ Bedrooms: _____ Bathrooms: _____

UNIT _____ Number of Number of Number of
(If applicable) Rooms: _____ Bedrooms: _____ Bathrooms: _____

Owner Information: (Please Print All Information Clearly)

Name: _____

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell/Emergency: _____

Tenant/Renter Information

Name: _____ Move in Date: _____

Phone: Home: _____ Cell/Emergency: _____

Number of Adults: _____ Number of Children: _____

Signature of Owner: _____ Date: _____

Credit Check Completed? _____ Date: _____

Background Check Completed? _____ Date: _____

Fee Payment (Office Use Only)

Total Fee: _____ **Date Received:** _____ **Receipt Number:** _____

Check Number: _____ **Received By:** _____

Must return completed application with a copy of a signed lease addendum for each unit AND license fee to: 4501 N. 25th Avenue, Schiller Park, Illinois 60176 to obtain rental license; Please Call 847-671-8555 to schedule mandatory inspection(s).

***ALL LICENSES EXPIRE ANNUALLY ON DECEMBER 31ST**