

Return Form with Payment

To:

City of DeKalb
Crime Free Housing
700 W. Lincoln Hwy.
DeKalb, IL 60115

**MAKE CHECKS PAYABLE TO
THE CITY OF DEKALB**



OFFICE USE ONLY:

Cash: _____

Check #: _____

Paid Stamp Here

**Landlord Registration Rental of Units
DEKALB MUNICIPAL CODE
CHAPTER 10, "LANDLORD-TENANT REGULATIONS"**

Owner Information

1. Name _____
 Address _____ City/State _____ Zip: _____
 Phone _____ Cell: _____ E-mail: _____
 Secondary E-mail if applicable: _____

2. If property is owned by a corporation or partnership, list all persons holding at least 5% of the corporation stock or all partners, with addresses and telephone numbers. Attach additional sheet if needed.

3. Does the owner hold any other City of DeKalb licenses? If yes, list below. Attach additional sheet if necessary.

Registration Fee Schedule: \$50.00 per building, additionally, \$15.24 per unit over 2 units
 Example: 4 unit building fee is \$50.00 + \$30.48 (2 x \$15.24/unit) for a total of \$80.48

Multiple properties with the exact same owner information may be listed on page 2.

Household: 1. Not more than three (3) persons not related by blood, marriage, adoption or other means of legal custody living together as a single housekeeping unit in a dwelling unit located east of Normal Road, north of Lucinda Ave. and east of the Kishwaukee River, south of Lucinda Ave.; or
 2. Not more than four (4) persons not related by blood, marriage, adoption or other means of legal custody living together as a single housekeeping unit in a dwelling unit located west of Normal Road, north of Lucinda Avenue and west of Kishwaukee River, south of Lucinda Ave.

Property Information

Property Name: <i>(If Applicable)</i>	ZONING:	SFR	2FR
		MFR	PDR
Property Address:	www.cityofdekalb.com/692/maps		
1. Unit type (Circle One) - <i>Single Family Duplex Townhome Apartment Condo</i>			
2. Number of buildings at above address _____ X \$50.00 per building =.....			\$ _____
3. Number of units in building (mark one): _____ One (1) unit (no additional charge) _____ Two (2) units (no additional charge) If number of units is three (3) or greater, multiply by \$15.24 per unit (over 2) (# of units over 2) _____ units X \$15.24 =.....			
Total # of Units: _____			(Add Line 2 & 3) Total Due \$ _____
4. Total number of bedrooms per unit _____			

List Additional Properties Having the EXACT Same Owner Here...

Property Address	Unit type- Single Family, Duplex, Townhome, Apts, Condo	# of Bedrooms per unit	Number of Buildings for listed property address (\$50.00 per building)	Number of Units (over 2=\$15.24 per unit)	Add Column D and E = Total Due for listed property address
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___
			___ x \$50.00 = \$___	___ x \$15.24 = \$___	\$___

Total from pg. 1 \$_____ + Total from pg. 2 \$_____ = TOTAL DUE \$_____

5. Does the owner reside within DeKalb County? Yes No
 If not, designate an Agent (above 18 years of age) Who Resides in DeKalb County and is Authorized to Receive Process for any Legal Proceedings on Behalf of this Property.
 Name _____
 Address _____ City/State _____ Zip-Code _____
 Telephone _____ E-mail: _____

6. Does the owner personally manage the property? Yes No
 If not, who manages the property?
 Name _____
 Address _____ City/State _____ Zip-Code _____
 Telephone _____ E-mail: _____

Statement: I hereby state that the above information is true and correct to the best of my knowledge; I acknowledge receipt of a copy of Chapter 10, "Landlord-Tenant Regulations", of the Municipal Code; and, I agree to notify the City of DeKalb within ten (10) days of any changes to this information.

Date: _____ **Print Name:** _____ **Signature:** _____