

CITY OF CALUMET CITY ILLINOIS

DEPARTMENT OF INSPECTIONAL SERVICES

MICHELLE MARKIEWICZ QUALKINBUSH
MAYOR

SHERYL TILLMAN
BUILDING COMMISSIONER

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FAIR HOUSING DIRECTOR



670 Wentworth Avenue
Calumet City, IL 60409
Phone: (708) 891-8120
Fax: (708) 891-8117

Date: _____

To: Housing Department of Calumet City

Please do not include the building/property identified below in your Annual Rental Program as of this date. All units within the building are currently family owned and occupied or occupied by multiple co-owners.

As required, ALL of the following documents are enclosed as proof of ownership:

1. Copy of Title/Deed indicating joining ownership equal to the number of units.
2. Copy of current tax bill indicating joint ownership equal to the number of units.
3. Copy of driver's license indicating residency of each owner identified.
4. Copy of current land phone, cell phone or cable bill indicating residency of each owner identified.
5. Copy of gas bill indicating occupancy of units.
6. Copy of electric bill indicating tenancy of units.

We/I, _____
Print Name (Primary Owner) Print Name (Co-Owner) Print Name (Co-Owner)

Are/Am the current owner(s) and reside at the property listed below. Let this document serve as certification of the owner-occupied status of said property as indicated in this text.

As the owner(s), we/I will notify the Housing Department, City of Calumet City, if the status changes to rental property. It is acknowledged that the city will periodically check the building or require updated information in regard to its qualifications for Annual Rental Program. We/I understand that if the property or part of, becomes rental property, it is my responsibility to notify the Housing Department for an inspection prior to occupancy of a tenant(s).

Building Location: _____ Total No. of Units: _____
 Primary Owner's Home Phone: _____ Cell Phone: _____
 Owner Signature: _____ Unit #: _____
 Co-Owner Signature: _____ Unit #: _____
 Co-Owner Signature: _____ Unit #: _____

Notary Seal and Signature: _____ Date: _____