



CITY OF CALUMET CITY
Application for Crime Free Housing Rental License

Rental Property Address: _____
- ONLY 1 ADDRESS PER APPLICATION FORM -

Legal Property Owner Name:		Home Address for Owner:	
City	State	Zip	Home Phone #
Office Phone #	Cell Phone #	E-Mail Address *REQUIRED*	

*** P.O. Box Addresses are NOT acceptable ***

Type of Property ☐ Single Family Home ☐ Duplex ☐ Apartment Building
 ☐ Town House ☐ Condominium
Number of Dwelling Units _____

MANAGER OF PROPERTY/DESIGNATED AGENT

Name			Address	
City	State	Zip	Office Phone #	24 HRS/7DAY Phone #
E-Mail *REQUIRED*				

*** P.O. Box Addresses are NOT Acceptable ***

Type of Application: ☐ Original Application ☐ Replacement License Application

I, the undersigned Owner/Landlord of said property, hereby affirm that I have read, and understand, the requirements set forth in the Crime Free Housing Ordinance, Chapter 54 Article XIV of the Municipal Code of Calumet City. Furthermore, I give full authority to the Manager/Designated Agent listed above, who is an agent within Cook County, to handle any/all matters pertaining to the property address listed above, and compliance with the Crime Free Residential Rental License program if I am unavailable.

Signature of Applicant

Date

THIS AREA TO BE COMPLETED BY RECORDS DEPT. CLERK STAFF ONLY!!!

LICENSE FEE AMOUNT AS OF JAN 1, 2024	CHECK # <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT/DEBIT
Date CFH Residential License Issued:	CFH License Number:

ADULT TENANT LISTING FOR THIS PROPERTY (18 YRS+)

NAME	D.O.B.	GENDER	DWELLING UNIT