



Village of Elk Grove

Crime Free Housing Application

Address of Rental Dwelling: _____ Unit Number: _____

Type of Dwelling Unit:

Single Family Home Condominium Townhouse Apartment Other _____

Property Owner Information:

- Owner(s) - List all name(s) below (use reverse side of this application if necessary)
 Corporation, Firm, LLC or Partnership- List name and name(s) of all Members, Officers or Partners
 Trust- List name(s) of Trustee or Primary Beneficiary

Name(s): _____

Address: _____

City _____ State _____ Zip _____
(P.O.BOXES ARE NOT ACCEPTED)

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

Emergency Phone Number: (Required) _____

Email Address: _____

Local Agent Information:

Mandatory per Village Code Section 3-22-4-C

Name: _____

Address: _____
(P.O.BOXES ARE NOT ACCEPTED)

Cell Phone: _____ Work Phone: _____

Emergency Phone Number: (Required) _____

Tenant(s) Information:

Mandatory per Village Code Section 3-22-2

Name: _____ Date of Birth: _____

I understand the issuance of this license is conditional upon compliance with all Village Ordinances, and the results of any inspections required by ordinance at this time and any further time while in force. I understand that as owner of the property it's my responsibility to assure any outstanding financial obligations with the Village until all accounts have been made current. I authorize the Village of Elk Grove by its agents to make inquiries into my character, credit and background, in order to approve or deny the Crime Free Housing Application.

The license year shall commence on October 1, and all license fees and related costs must be paid prior. The license period shall be for a one year period, provided that any rental dwelling that changes ownership within any licensing year will require the new owner to apply for a license.

I have read this application and answered all questions in full, the information I have submitted in this application is complete and truthful to the best of my knowledge.

Required Signature(s) of Owner(s): _____ **Date:** _____

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