



CITY OF WEST CHICAGO

Rental Property Application Submittal Checklist

This checklist has been created for your convenience. Please use it to ensure that all applicable items have been submitted and/or completed for your license to be issued promptly. Please retain a copy for your records.

Complete the application with the signature of the titleholder.

Provide 24 hour emergency contact information.

For applicants with managing agents only, please provide a copy of the written agreement between the owner and agent. If no written agreement exists, please attach an executed statement setting forth the terms of the managing agent's authority to rent, manage and make expenditures.

Submit a copy of the deed for the rental property.

Complete the Emergency Action Plan. See page 4.

Pay the Rental License Fee and any and all outstanding monies due.

Obtain an approved inspection of the rental property from the City. Please call our office to schedule 630-293-2200, extension 141.



CITY OF WEST CHICAGO

Application for Residential Rental Property License

(Please type or print clearly)

RENTAL PROPERTY ADDRESS: _____

RENTAL PROPERTY TYPE (Please check):

<input type="checkbox"/> Single Family House	<input type="checkbox"/> Condo
<input type="checkbox"/> Townhome	<input type="checkbox"/> Multi-Tenant Bldg/Complex

1. LEGAL OWNER(S) INFORMATION

OWNERSHIP (Please check): ☐ Individual ☐ Corporation ☐ LLC/LLP

NOTE: If the owner is a land trust, please attach to this application a certified copy of a trust disclosure, including the name and address of each person(s) holding a beneficial interest and/or power of direction therein.

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please check here if you prefer to receive City rental correspondence at the Owner's address above. If unchecked, all correspondence will be sent to the Property Manager's address on Page 2.

CELL PHONE: _____ HOME: _____ WORK: _____

EMAIL ADDRESS: _____

(To receive email notifications such as inspection and/or license renewal reminders, please add Rlicensing@westchicago.org to your email contacts.)

2. 24-HOUR EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

3. PROPERTY MANAGER/PROPERTY MANAGEMENT COMPANY

NOTE: In the event that the owner of the rental property resides more than 30 miles *outside* the corporate limits of the City, the owner shall appoint a managing agent authorized to receive notices and process on behalf of the owner and who has an office or residence *within* 30 miles of the corporate limits of the City with regular business hours.

FOR OFFICE USE ONLY

Inspection Mo: _____

Deed: _____

RIC Approval Date: _____

License Issue Date: _____

CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

NOTE: Every owner shall report to the City any change in the designation of any agent, at least seven (7) days prior to such change.

4. LICENSE FEE SCHEDULE

Each application for license shall be accompanied by a license fee. The license fee is valid for one calendar year and shall be determined by the following schedule:

<u>Number of Units Owned</u>	<u>License Fees</u>
Single Family, 2 Flats, and Town homes	\$265.00 per Building
Condominiums	\$265.00 per Unit
Multiple Family Buildings	\$265.00 per Building and \$40 per Unit

The annual license fee for a rental shall include a base license fee as detailed above plus, if applicable, any money owed by the applicant to the city for any purpose whatsoever and any outstanding fees, costs or charges associated with the rental dwelling for which a license is sought.

Any partial payment shall first be applied to outstanding debt associated with either the applicant or with the rental property for which a license is sought.

NOTE: If a completed license application is not submitted together with the annual required license fee prior to January 1st in any given year, the base license fee shall be increased by an additional twenty (20) percent on the first day of each subsequent month, until such time as a complete license application and the required license fee is paid. In the event that said application, along with the required license fee is not filed as provided herein, said license shall, at the discretion of the City, not be issued.

5. LICENSE FEE PAYMENT

NUMBER OF UNITS IN BUILDING: _____

LICENSE FEE: _____ DATE: _____

AMOUNT ENCLOSED: _____ CHECK NUMBER: _____

BALANCE DUE JULY 1 (applicable for multi-family complexes only): _____

6. DEED REQUIREMENT

In order for the rental property license to be issued, a copy of the property deed is required for our records. Please attach it here with your application.

7. SIGNATURE

Please read each item below and **write your initials** in the space provided to confirm your agreement:

- _____ (A) The information submitted in this application is an accurate representation of the facts at the date of application.
- _____ (B) I have read and understand Chapter 9, Article XV of the City Code pertaining to the licensing and inspection of rental properties, which has been made available to me via the City's website, www.westchicago.org, or I have requested in writing that a hard copy be provided to me.
- _____ (C) I will not violate any of the ordinances of the City.
- _____ (D) I agree to the use of a written lease executed on behalf of the owner and the tenant, which will contain all provisions as outlined in Article XV of the City Code and will be furnished upon request by the City or its inspectors. Furthermore, I will obtain a written application from each tenant prior to adopting any lease. I also agree to provide a **copy of a valid lease (one for each unit) at the time of inspection**, which includes wording to indicate the tenant's irrevocable consent to allow the City and its inspectors to enter any and all portions of the property for purposes of conducting the inspection. Failure to do so will result in cancellation of the inspection and payment of a \$40.00 re-inspection fee payable upon renewal of the license, sale or removal from the rental list.
- _____ (E) I will request and the City shall conduct an inspection of my rental property or properties to ensure full compliance with all applicable ordinances. I further understand that it is my responsibility to schedule and obtain approved inspections on an annual basis during the assigned month, even if the unit is vacant or for sale. A failed inspection, for any reason, will result in having to pay a \$40 re-inspection fee as described above.
- _____ (F) I irrevocably consent to the City's and its inspectors' entry upon any and all portions of the licensed rental property for purposes of making the inspections required and/or permitted under this ordinance, including the right to inspect individual dwelling units.
- _____ (G) I irrevocably consent and agree to pay (1) any money owed to the City for any purpose whatsoever and any outstanding fees, costs or charges associated with any rental property in the City for which I am the applicant; and (2) all enforcement costs provided for by Chapter 9, Article XV of the City Code.
- _____ (H) I understand that the license for which I am applying expires on December 31st of *this* and each subsequent year. A renewal application and fee must be submitted prior to that date. If the rental unit is listed for sale at the time of the annual renewal, adequate proof must be provided to the City.

(Signature of Legal Title Holder)

Please sign your name on the first line and print your name clearly on the second line.

By undersigning, I hereby certify the above information and agree to all terms and conditions outlined in Article XV of the City Code:

Signature: _____ Date: _____

Print Name Here: _____

Residential Rental Property Emergency Action Plan

All landlords in the City of West Chicago are required to submit a completed Emergency Action Plan. The Plan is intended to help you through the process of providing emergency housing resources to your tenant(s) in the event the rental property is suddenly deemed uninhabitable. Please remember to retain a copy for your records.

Rental Property Address:

Property Owner's Name:

Emergency Telephone:

Emergency Plan Details

I. Immediate shelter (Name a nearby motel/hotel for short term, emergency shelter):

Name: _____ Phone: _____

Address: _____

II. Longer term shelter (Name a local shelter should the rental become uninhabitable):

Name: _____ Phone Number: _____

Address: _____

III. Emergency board-up services (Name a service should the rental need to be secured):

Company name: _____ Phone Number: _____

IV. Please describe your lease policy should the rental become uninhabitable, i.e., would the tenant be released from the lease?
