



**Crime Free Housing Program
Application for 2017 Rental Property License**



USE SEPARATE APPLICATION FOR EACH BUILDING OWNED.

RENTAL PROPERTY

Address: _____

Total Rental Units: _____

PROPERTY OWNER

Name: _____

Home Address: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Date of Birth: _____

BUSINESS INFORMATION

Emergency Contact: _____

Address: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

PROPERTY MANAGEMENT

If not self-managed, please provide the following information for the Property Manager.

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

I have read and fully understand the application form and all requirements and procedures necessary in obtaining a rental property license.

Property Owner Signature

Date