

Crime Free Housing Program Application for Rental Property License



USE SEPARATE APPLICATION FOR EACH BUILDING OWNED.

DENTAL PROPERTY	
RENTAL PROPERTY	
Address:	
Total Rental Units:	
PROPERTY OWNER	
Name:	
Home Address:	
Phone:	Fax:
Cell Phone:	
Date of Birth:	
BUSINESS INFORMATION	
<u> </u>	
Address:	
Phone:	Fax:
Cell Phone:	Email:
PROPERTY MANAGEMENT	
If not self-managed, please provide	he following information for the Property Manager.
Business Name:	
Contact Name:	
Address:	
Phone:	Fax:
Cell Phone:	Email:
I have read and fully understand the ap in obtaining a rental property license.	plication form and all requirements and procedures necessary
Property Owner Signa	ture Date