



**FORM REQUIRED:** This affidavit is required for all **Vacation Rental** business license applications.

**INSTRUCTIONS:**

- Only one form per Vacation Rental location address:
  - six (6) maximum sleeping rooms per Vacation Rental dwelling unit; and
  - six (6) maximum Vacation Rental dwelling units per location address.

- Provide the requested information below
- This form must be signed by the Vacation Rental homeowners association authorized representative **AND** the Vacation Rental property owner.
- Provide a copy of a valid, government-issued, photo ID for **BOTH** the Vacation Rental homeowners association authorized representative and property owner.

**ASSOCIATION INFO**

▶ PROVIDE INFORMATION ABOUT THE VACATION RENTAL PROPERTY HOMEOWNERS ASSOCIATION

HOMEOWNERS ASSOCIATION NAME

HOMEOWNERS ASSOCIATION LOCATION ADDRESS

FLR./STE. #

CITY

STATE

ZIP CODE

NAME OF AUTHORIZED REPRESENTATIVE<sup>1</sup>

PERSON'S TITLE

CONTACT PHONE

( )

DATE OF APPOINTMENT

/ /

**VACATION RENTAL INFO**

▶ PROVIDE INFORMATION ABOUT THE VACATION RENTAL LICENSE APPLICANT'S HOA APPROVED DWELLING UNIT(S)

VACATION RENTAL BUSINESS/OWNER NAME<sup>2</sup>

VACATION RENTAL LOCAL CONTACT PERSON NAME AND TITLE

VACATION RENTAL LOCATION ADDRESS

UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

**OTHER VACATION RENTAL**

▶ PROVIDE INFORMATION ABOUT ALL OTHER HOA APPROVED VACATION RENTAL(S) NOT OWNED BY LICENSE APPLICANT

OTHER VACATION RENTAL OWNER(S) (NOT LICENSE APPLICANT)

UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

OTHER VACATION RENTAL OWNER(S) (NOT APPLICANT/NOT YET LISTED)

UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

OTHER VACATION RENTAL OWNER(S) (NOT APPLICANT/NOT YET LISTED)

UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

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UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

OTHER VACATION RENTAL OWNER(S) (NOT APPLICANT/NOT YET LISTED)

UNIT NUMBER(S)

NUMBER OF SLEEPING ROOMS PER UNIT

**ACKNOWLEDGEMENT**

▶ REVIEW THE FOLLOWING STATEMENT, FILL-IN BLANK, CHECK BOX(ES) AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I, \_\_\_\_\_, being duly sworn on oath, pursuant to Illinois Code of Civil Procedure Section 5/1-109 and the Municipal Code of the City of Chicago Section 1-21, state that the following statements are true and correct to the best of my knowledge and belief:

1. I am (check all that apply):
  - a duly authorized representative of the above-named Homeowners Association.
  - a member of the board of directors of the above-named Homeowners Association.
2. In my capacity as indicated above, I attest that the above-named Homeowners Association has approved the above-listed dwelling unit to be used as a vacation rental.
3. I further attest that the above-named Homeowners Association has complied with 4-207-060(a)(6) of the Municipal Code of the City of Chicago by adopting by-laws that (A)

approve the use of the premises for vacation rentals; and (B) restrict the number of dwelling units that may be licensed as vacation rentals to six (6) or less and identify those units; and (C) authorize the above-named Homeowners Association or its board of directors to act as a local contact person for the owner of the vacation rental; and (D) authorize access by city officials to the common areas of the premises.

4. I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.

<sup>1</sup> HOA AUTHORIZED REPRESENTATIVE PRINTED NAME

<sup>1</sup> HOA AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

**X**

<sup>2</sup> VACATION RENTAL OWNER PRINTED

<sup>2</sup> VACATION RENTAL OWNER SIGNATURE

DATE

**X**