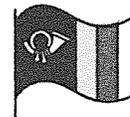


**DEPARTMENT OF SANITATION,
HOUSING AND HEALTH,
BUILDING AND ZONING**



CITY OF BELLEVILLE

213 S. Illinois St.
Belleville, Illinois 62220
(618) 233-6817
Fax: (618) 233-8152



Date: September 17th, 2013

Owners, Landlords and/or Managing Agents;

The City of Belleville has passed a Crime Free Housing Ordinance which becomes effective November 1st, 2013. A copy of this ordinance may be viewed on the City web site: www.belleville.net under the Health and Housing Department.

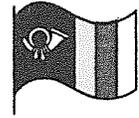
Under section 33-3-11 of this Ordinance, Crime Free Housing Certification: All Owners, Landlords and/or Managing Agents must complete the City of Belleville Training Program or have been certified by another municipality's crime free housing program. Included in this package is a list of dates and times that these seminars will be conducted by the City of Belleville. We request that you return this form with your first, second and third choice selection and you will be informed of your scheduled attendance time. During these seminars the Rental Property Registration forms along with the annual registration fee of \$25.00 (Twenty Five Dollars) per Rental Unit will be accepted (Cash, Check or Money Order). The Crime Free Housing Certificate will not be issued until these conditions have been met. For those who have been certified by another municipality's crime free housing program you may forward that verification along with the completed Rental Property Registration form and annual registration fee to the Belleville City Housing Department.

The US Comprehensive Criminal Search Verification (for tenants 18 years and older) and Crime Free Rental Agreement Addendum forms are enclosed. Additional copies can be obtained off the web site. These forms need to be completed and brought into the Housing Department by all new tenants obtaining an occupancy permit or those having any additions to a current occupancy permit after November 1st, 2013. It does not apply to any current tenant unless their occupancy changes.

Please review the Crime Free Housing Ordinance and any questions can be addressed at the seminars or you may contact me at rsabo@belleville.net . The seminar is expected to be approximately 1 ½ hours in length.

Robert A. Sabo
Director of Housing

DEPARTMENT OF SANITATION,
HOUSING AND HEALTH,
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City of Belleville Crime Free Housing Seminars to be held at the Belleville City Hall Council Chambers 101 S Illinois Ave. Belleville Illinois.

Please indicate attendance preference by marking 1st, 2nd and 3rd choice on appropriate line.

Saturday September 28th, 2013	10:00A.M.	_____
Monday September 30 th , 2013	6:00P.M.	_____
Wednesday October 9 th , 2013	6:00P.M.	_____
Saturday October 12 th , 2013	10:00A.M.	_____
Wednesday October 16 th , 2013	6:00P.M.	_____
Saturday October 26 th , 2013	10:00A.M.	_____

Print Name Owner/Landlord/Management

Ph#

E-Mail contact

**FORM SHOULD BE RECEIVED BY MONDAY, SEPTEMBER 23, 2013
BY MAIL, FAX, OR E-MAIL**

MAIL TO:
CITY OF BELLEVILLE
ATTN: CRIME FREE HOUSING DEPT
213 S ILLINOIS STREET
BELLEVILLE, IL 62220

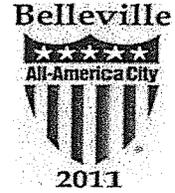
FAX TO: 618-233-8152

E-MAIL TO: mgain@belleville.net



City of Belleville
101 S. Illinois St
Belleville, IL 62220
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mgain@belleville.net

Health and Housing Department
213 S. Illinois St
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(618) 233-6817 Fax (618) 233-8152



Rental Property Registration

___ Initial Registration ___ Annual Renewal With Changes ___ Annual Renewal Without Changes

Company / Owner Name: _____ CFH Certificate # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
E-Mail: _____ Website: _____

OWNER INFORMATION: Partnerships or corporations must attach a separate sheet listing all names and addresses of general partners, corporate officers, and registered agents. In case of a Trust, list the information of the registered agent authorized to act on behalf of the Trust.

If the property(ies) are managed by someone other than the owner or owner's company, complete the following section:

I have contracted with (Name): _____ CFH Certificate # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
E-Mail: _____ Website: _____

to act as my Managing Agent for the below listed properties, and who shall be the first line of contact in any property management issues. I also certify I am aware of the City's Building, Zoning, and Crime Free Housing Codes and Ordinances, and am aware of the legal ramifications for *knowingly* violating any of these codes. I further certify that both, my Managing Agent and I have satisfactorily completed all requirements of the Crime Free Housing Ordinance of the City of Belleville, or will do so within six months of this date.

Signature of Owner

Signature of Managing Agent

Printed Name of Owner

Printed Name of Managing Agent

Date

Date

Attachment A (Page 2)

Rental Property Registration (cont)

1. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

2. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

3. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

4. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

5. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

6. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

7. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

8. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

9. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

10. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

11. Address: _____ Inclusive Units: _____

Name of Complex: _____ Number of Units: _____

Total Number of Units: _____

Fee per Unit: 25.00

Total Fees Due: _____

Attachment B



Belleville



City of Belleville
101 S. Illinois St
Belleville, IL 62220
(618) 233-6810

Health and Housing Department
213 S. Illinois St
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US Comprehensive Criminal Search Verification

A thorough US Comprehensive Criminal Search for the past seven (7) years including all known addresses, and including nationally recognized sex offender registration websites has been conducted by

_____ on _____
Name of Company / Individual Performing Search Date

for the following occupants who will reside at : _____
Address

Name	Birth Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

In compliance with City of Belleville Ordinance 33-3-14, I have reviewed all US Comprehensive Criminal Searches of all individuals 18 years of age and older prior to executing the Lease or Rental Agreement.

Signature of Owner / Landlord / Managing Agent

Title of Owner / Landlord / Managing Agent

Attachment C



Belleville



2011

City of Belleville
101 S. Illinois St
Belleville, IL 62220
(618) 233-6810

Health and Housing Department
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Crime Free Rental Agreement Addendum

The Tenant, any occupant or member of the tenant's household, any guest or any other person or persons associated with the tenant or his or her household, at or near the leased premises (Rental Unit), common areas or appurtenances:

- 1) Shall NOT commit any act or omission that would constitute a felony or a Class A misdemeanor under Illinois law;
- 2) Shall NOT engage in any act intended to facilitate the commission of any act or omission that would constitute a felony or a Class A misdemeanor under Illinois law.
- 3) Shall NOT use or permit the use of the leased premises (Rental Unit) for the commission of any act that would constitute a felony or a Class A misdemeanor under Illinois law;
- 4) Shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the leased premises (Rental Unit) which is the responsibility of the Tenant or relate to the conduct of the Tenant.

Any violation of the above provisions shall be a material and irreparable violation of the Rental Agreement and good cause for immediate termination of tenancy and recovery of the leased premises (Rental Unit). Unless otherwise provided by law, proof of a violation shall be established by a preponderance of the evidence.

In case of conflict between the provisions of this Addendum and any other provisions of the Rental Agreement, the provisions of this Addendum shall govern to the extent permitted by applicable law.

This Addendum is incorporated into the Rental Agreement executed or renewed this day between the Owner / Landlord / Managing Agent and the Tenant.

This Addendum must include the address of the Rental Unit. It must also be signed and dated by the Owner / Landlord / Managing Agent and all Tenants / Occupants of age 18 or older.

Rental Unit Address: _____

Landlord Printed Name

Landlord Signature

Date

Tenant Printed Name

Tenant Signature

Date

Tenant Printed Name

Tenant Signature

Date