

**FULL PAYMENT CERTIFICATE APPLICATION**

City of Chicago Department of Finance  
 333 South State Street- Suite 330  
 Phone: (312) 744-4426, Fax (312) 747-8321  
 Monday-Friday 8:30 AM – 4:30 PM

CERTIFICATE #:	DATE:	EXPECTED CLOSING DATE:	A.K.A
BOOK	Page	MC#(s)	

APPLICATIONS ARE REQUIRED FOR ALL TRANSFERS OF PROPERTY. SEPARATE APPLICATIONS ARE REQUIRED FOR EACH PROPERTY TO BE TRANSFERRED.  
 FPC Fee is \$50 per application. The FPC fee is waived if the subject property is exempt from the City of Chicago Real Property Transfer Tax.

**1. PREMISES INFORMATION**

PREMISES ADDRESS(ES): \_\_\_\_\_

PROPERTY INDEX # (S): \_\_\_\_\_ WATER ACCOUNT # (S): \_\_\_\_\_

**CHECK ALL APPLICABLE:**  SINGLE FAMILY HOME  CONDO/TOWNHOUSE/CO-OP (INDIVIDUALLY BILLED)  CONDO/TOWNHOUSE/CO-OP (ASSOCIATION BILLED)  CONDO CONVERSION  
 APT BLDG < 6 UNITS # of units \_\_\_\_  APT BLDG ≥ 6 UNITS # of units \_\_\_\_  MIXED USE  COMMERCIAL  INDUSTRIAL  NEW CONSTRUCTION  RAILROAD  REFINANCE ONLY  
 VACANT LOT  CORNER PROPERTY  MULTIPLE PINs  FORECLOSURE  TAX SALE  RECEIVERSHIP  TRANSFER TAX EXEMPT Exemption # \_\_\_\_\_  
 OTHER Describe \_\_\_\_\_

**2. SUPPORTING DOCUMENTATION REQUIRED**

(CHECK TO CONFIRM THE ATTACHMENT OF SUPPORTING DOCUMENTS REQUIRED FOR PROCESSING.)

DOCUMENT	REQUIRED FOR
<input type="checkbox"/> LEGAL DESCRIPTION	- COMMERCIAL, MIXED USE, CORNER PROPERTY, CONDO CONVERSION, MULTIPLE PINs, APT BLDG ≥ 6 UNITS
<input type="checkbox"/> PLAT OF SURVEY	- NEW CONSTRUCTION, INDUSTRIAL, VACANT LAND, RAILROAD, OTHER
<input type="checkbox"/> PAID ASSESSMENT LETTER	- CONDO/TOWNHOUSE/CO-OP ASSOCIATION BILLED
<input type="checkbox"/> COURT ORDER/DEED	- FORECLOSURE, TAX SALE, RECEIVERSHIP

**3. SCHEDULED METER READING**

SUPPLY INFORMATION FOR A LOCAL CONTACT PERSON WHO IS ABLE TO PROVIDE ACCESS TO THE PROPERTY FROM 7 AM - 3:30 PM, MON - FRI.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**4. BUYER INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BUYER REQUESTS FUTURE BILL BE MAILED TO:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**5. SELLER INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**6. PREPARER INFORMATION**

NAME/COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	WATER CHARGE \$ _____ \$ _____ \$ _____ \$ _____ FPC CHARGE \$ _____
	IF PAID ON ____/____/____, BASED UPON <input type="checkbox"/> FINAL METER READING TAKEN ____/____/____ <input type="checkbox"/> NON-METERED ____/____/____
	1. CLOSING BASED UPON A FINAL METER READING MUST OCCUR WITHIN 60 DAYS OF EITHER: (A) THE FINAL READING DATE, OR (B) THE AUTHORIZATION DATE, WHICHEVER IS EARLIER 2. CLOSING BASED UPON A NON-METERED TERM MUST OCCUR WITHIN 60 DAYS OF THE AUTHORIZATION DATE 3. ATTORNEYS ARE RESPONSIBLE FOR PRORATING FROM THE DATE ABOVE TO THE DATE OF CLOSING. CHARGES THAT ACCRUE AFTER THIS DATE WILL BE TRANSFERRED TO THE BUYER.
	CERTIFICATION AUTHORIZED BY: _____ AUTHORIZATION DATE: ____/____/____

**ACKNOWLEDGMENT** - Applicant, as named below, requests that the City of Chicago update its billing records to reflect the pending transfer of the premises that is the subject of this Application. Applicant acknowledges that the amount due is based on the balance due on the water account for the premises plus a \$50 processing fee, if applicable. If new service charges accrue to the account prior to transfer of ownership of the subject property, the balance due may be recalculated by the Department of Finance. Under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, Applicant certifies that the statements set forth in this document are true and correct. Applicant acknowledges that persons who make material false statements may be fined not less than \$500, nor more than \$1,000, plus three times the City's damages, litigation costs, collection costs, and attorney's fees pursuant to Section 1-21-010 of the Municipal Code of Chicago.

PRINT NAME \_\_\_\_\_

SIGNATURE (CIRCLE ONE) SELLER/BUYER/ATTORNEY/AGENT \_\_\_\_\_

**IMPORTANT INFORMATION AND INSTRUCTIONS FOR COMPLETING THIS APPLICATION ARE PROVIDED ON THE BACK OF THIS FORM.**

White - Cashier's Copy Yellow - Customer's Copy Pink - Audit Units Copy Gold - Data Processing's Copy