Rental Appl	lication	Page 1		
Today's Date	e: Date occupancy desired:	d:		
Personal In				
Full name:				
Birth date:	Social Security Number:			
	nse or ID number:			
Co-Applicar	nt Full name:			
Birth date:	Social Security Number:			
Driver's lice	ense or ID number:	State issued:		
Additional C	Occupants (List every occupant's name and relationship, includi	ing children)		
Yes No				
	Do you have or plan to use a waterbed or any other water-filled	ed furniture?		
	Have you ever broken a lease? If so, please explain below.			
	Have you ever refused to pay rent for any reason? If so, please explain below.			
	The state of the s			
	Have you ever filed for bankruptcy?			
	Have you ever been convicted of a crime?			
	Do you give us permission to do a credit check and a criminal	background check?		
	Do you currently have any utilities in your name?			
	Is there anything to prevent you from placing utilities in your r			
	Do you know of anything or any reason that may interrupt you	ur ability to pay rent?		
Additional	explanation:			
				
 				
,				
				

Rental Application

City:	State:	Zip:
Dates lived at this address:		Do you own or rent:
Current phone(s):		
• • • • • • • • • • • • • • • • • • • •		
Landlord/mortgage information		
	Monthly payment:	
——————————————————————————————————————		umber of late payments in the last 12 months
* ' '		ndlord:
	•	
		Zip:
		Did you own or rent:
Phone:		Monthly payment:
Was your full security depo	osit returned?	Number of late payments:
- * *		
Previous residence street address		
City:	State:	Zip:
Dates lived at this address:		Did you own or rent:
Landlord/mortgage name:		
Phone:		
Reason for moving:		
Was your full security depo	osit returned?	Number of late payments:
Previous residence street address	•	
		Zip:
		Did you own or rent:
Landlord/mortgage name:		
		Monthly payment:
Phone:		monthly payment:

Rental Application Page 3

Income History Please list all	sources of employment for	or adult applicants (use b	ack of sheet for additional jobs)
Primary source of employme	ent		
Applicant name:			
Employer:			
Supervisor's name:	Phone:		
Average weekly hours:	How long at place of employment?		
Address:			
City:	State:		Zip:
Position:	Salary:	per	
Weekly, biweekly, monthly, or	annual average take-hom	ne pay	
Additional Employment			
Applicant Name:			
Employer:			
Supervisor's name:		Phone:	
Average weekly hours:	How long at pla	ce of employment?	
Address:			
City:	State:		Zip:
Position:	Salary:	per	
In the event of some emergen	cy that would prevent you	from paying rent when o	lue, is there a relative, person, or
Additional Income			
employment, social security. statements. Child support, or to be considered for qualificati	Applicant may be required separate maintenance ned ion.	to produce additional do ed <i>not</i> be disclosed unle	ered, list the source e.g., self- ocumentation and sign release ass you want this additional income
Additional source:			
Amount: \$	Per: _		
How long do you expect it to o	ontinue?	_ Why would it stop? _	
Other additional source:			
Contact person:		Phone:	
How long do you expect it to d			

Rental Application Assets, Credit Cards, and Loans Vehicles Number of vehicles: _____ Do you have commercial vehicles, campers, or boats? (list) _____ List all vehicles. Please note, only cars on application are authorized to be on premises. Plate # State Year Color Model Make 1 2 3 Use back of page for any additional vehicle information. Financed/leased through: Vehicle 1 contact and phone number: _____ Monthly payment: Acct. Number_____ Vehicle 2 contact and phone number: _____ Monthly payment: Acct. Number _____ List all Credit Cards and Loans including banks, department store, gas cards, student loans (use back of sheet for additional cards/loans) Acct. Number: Creditor: _____ Phone: ______ Address: Total currently owed: _____ Monthly payment: ____ Are your payments current? _____ Acct. Number: Creditor: _____ Phone:_____ Address: Total currently owed: _____ Monthly payment: _____ Are your payments current? _____ Acct. Number: Creditor: _____ Phone:____ Address: Total currently owed: _____ Monthly payment: _____ Are your payments current? _____ List all other current monthly expenses Health insurance: _____ Auto insurance: _____ Renter's insurance: _____ Child care: _____ Other: _____

References

Bank Reference

Total amount: _____

Name of bank and branch: ______ Phone: _____

Branch address:

Account Number(s): ______

Rental Application			Page 5
Character/personal refere	ence:	•	46
Name:		Phone:	·
Address:			
City:	State:		Zip:
Relationship:		How long have you known:	
Professional reference (e	e.g., attorney, accountant):		
Name:		Phone:	
City:	State:		Zip:
Relationship:		How long have you known	
Name of nearest living re			
Name:		Phone:	
City:	State:		Zip:
Relationship:			
Do you give us permission collection purposes show	on to contact the references about the deemed necessary?	ove both now and in the future	for rental consideration or for
Preferred Monthly Renta	Il Due Date: due on		
How long do you plan or	n living in the rental home?		
Thank you for completin which will be copied and Driver's license Copy of voided process of the course of the co	g the rental application. A com l attached to this application: or government-issued picture ID personal check (to verify bank) nt pay stubs of each income sou, most current Schedule C tax re	npleted application requires sub Ource listed	mission of the following,
authorize annual verifi- consideration or for co application will become	hereby represents that all inforcation of information, refered blection purposes should that part of the lease agreement where it is not any subsequent.	nces, and credit history for c t become necessary. Applic en approved. If any informat	ontinual rental ant acknowledges this ion is found to be incorrect

I REPRESENT TO YOU THAT I HAVE READ THIS ENTIRE APPLICATION AND THAT ALL OF THE INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE. I FURTHER REPRESENT THAT I AM A US CITIZEN AND MY RENTAL HISTORY AND CREDIT RECORDS ARE IN GOOD STANDING WITH NO JUDGMENTS OR LIENS AGAINST ME. I FURTHER ATTEST THAT I AM NOT A CONVICTED FELON AND THAT I AM NOT REQUIRED TO REGISTER AS A SEX OFFENDER. IF ANY OF THE ABOVE INFORMATION IS FALSE, I UNDERSTAND THAT I AM ATTEMPTING TO OBTAIN REAL ESTATE POSSESSION THROUGH FRAUD AND WILL BE PROSECUTED; ADDITIONALLY I HEREBY AGREE THAT MY ENTIRE DEPOSIT MAY BE FORFEITED TO LESSOR, AND AT LESSOR'S OPTION, MAY RESULT IN EVICTION. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL. MY PERMISSION IS GIVEN TO RUN A CREDIT CHECK AND CHECK MY FULL CREDIT AND RENTAL HISTORIES.

Fair Housing Practices: This office follows fair housing laws. It is illegal for either the owner or the broker to refuse to display or sell to any person because of one's membership in a protected class, e.g.: race, color, religion, national origin, sex, ancestry, martial status, physical or mental handicap, familial status, or any other class protected by Article 3 of the Illinois Human Rights Act.

Notice of Non-Agency: Prospective renters understand that the management company was hired by the building ownership and represents the building ownership's interests and does not act as an agent for the prospective renter.

Applicant:	Date:	
	that is application is a part of the least cuted between the applicant and Lesso	e and that my signature on this document binds me to al
	•••	(staff member only)
Co-Signer:	Date:	Witnessed by: