

RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form COMPLETELY and sign where indicated.

PERSONAL IN	FORMA	TION								
FIRST NAME		MIDDLE			LAST			S.S.#	- -	_
DATE OF BIRTH		MARITAL STATE	IS SINGL	E MARRIED Sin	ce	DIVORCED SI	ince	DRIVERS LICENSE	#	STATE
PHONE _	- CELL HOME PHONE				EXT.			EMAIL		
PRESENT HOME ADDRESS			1		CITY/STATE/Z		V-1	L		***
LENGTH OF TIME PRESENT LA			ANDLORD	NOLORD			LANDLORD PHONE			
REASON FOR LEAVING				AMOUNT OF RENT			Is your present rent up to date? YES NO			
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP.							
LENGTH OF TIME PREVIOUS L			ANDLORD			LANDLORD PHONE				
REASON FOR LEAVING				AMOUNT OF RENT			Was your rent up to date? YES NO			
NEXT PREVIOUS HOME ADDRES	S				CITY/STATE/ZIP					
LENGTH OF TIME NEXT PREVIO			IOUS LANDLORD	LORD			LANDLORD PHONE			
REASON FOR LEAVING				AMOUNT OF RENT			Was your rent up to date?			
DDODOSED O	CCLIDAN	T'(C) .								
NAME	PROPOSED OCCUPANT'(S) RELATIONSHIP					OCCUPATION			AGE	
AME RELATIONSHIP				OCCUPATION				AGE		
NAME RELATIONSHIP					OCCUPATION			AGE	,	
NAME RELATIONSHIP			•	•	OCCUPATION			AGE		
NAME . RELATIONSHIP				· · · · · · · · · · · · · · · · · · ·	OCCUPATION			AGE		
DDODOCED DI	2TP/O\									
PROPOSED PET(S) NAME TYPE/BREED					D INDOOR		,	AGE		
NAME TYPE/BREED					INDOOR INDOOR	OUTDOO!		AGE		
NAME TYPE/BREED		. INDOOR OUTDOO			AGE					
VEHICLE(S) IN	FORMA	TION	MODEL		COLOR		PLATE #		TATE	<i>j</i>
		MODEL			COLOR		PLATE #		STATE	
YEAR	MAKE		INODEC							
EMPLOYMENT	!								/	
CURRENT EMPLOYER			OCCUPATION				HOURS			
SUPERVISOR			PHONE	_		EXT:	YEARS E	MPLOYED		
ADDRESS			CITY/STATE/ZIP	,						
CURRENT EMPLOYER			OCCUPATION				HOURS/WEEK			
SUPERVISOR			PHONE EXT:			YEARS EMPLOYED				
ADDRESS			CITY/STATE/ZIP							
INCOME					•					
CURRENT LINCOME LINCOM			SOURCE			PROOF OF INCOME YES NO				
CURRENT WEEKLY BINVEEKLY MONTHLY YEARLY			SOURCE				PROOF C	FINCOME	YES NO	
CURRENT S DWEEKIY DRIWEEKIY DMONTHIY DYEADIY)						and



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CREDIT CARD / FINANCIAL IN	FORMATION			
CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	
CREDIT CARD COMPANY	BALANCE .	MONTHLY PAYMENT	CREDITOR'S PHONE #	\- <i>-</i>
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	^ -
CHILD SUPPORT OTHER CREDIT OWED	BALANCE OMED	MONTHLY PAYMENT	CREDITOR'S PHONE #	- \-
BANK ACCOUNT NAME OF BOOK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER	
EMERGENCY / PERSONAL REF	EDENCE INFORMAT	TION	· \	
EMERGENCY CONTACT	PHONE	CELL HOME PHO	NE	- HOME WORK
RELATION	ADDRESS		/STATE/ZIP	
EMERGENCY CONTACT	PHONE	CELL HOME PHO	NE _	- HOME WORK
RELATION	ADDRESS		/STATE/ZIP	
PERSONAL REFERENCE	PHONE	CELL HOME PHO	NE	- HOME WORK
RELATION	ADDRESS		/STATE/ZIP	
PERSONAL REFERENCE	PHONE	CELL HOME PHO	NE	- DHOME DWORK
RELATION	ADDRESS		/STATE/ZIP	
APPLICANT QUESTIONNAIRE	/ AUTHORIZATION			
Has applicant ever been sued for bills?	Has applicant ever been locked out o	f their apartment by the she	eriff7 YES	Оио
Has applicant ever been bankrupt? YES NO	Has applicant ever been brought to co	ourt by another landlord?	Ŭ YES	□ NO
Has applicant ever been guilty of a felony? YES NO	Has applicant ever moved owing rent	or damaged an apartment	7 YES	□ NO
Has applicant ever broken a Lease? YES NO	Is the total move-in amount available	now (rent and deposit)?	☐ YES	□ NO
Applicant authorizes the landlord to contact past and present lan	ndlords, employers, creditors, credit bure	aus, neighbors and any othe	er sources deemed n	ecessary to investigate applicant.
All information is true, accurate and complete to the best of ap	plicant's knowledge. Landlord reserves t	he right to disqualify tenan	t if information is no	t as represented.
ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMAT	TON ABOUT THE UNDERSIGNED UPON	PRESENTATION OF THIS FO	IRM OR A PHOTOCO	LI OLIUPIONINI VII III
x				•
APPLICANT SIGNATURE		DATE		
If you have any questions about th	e interpretation or legality of this form, p	olease consult an attorney o	or other qualified per	rson.
NOTES:	,			
NOTES:				



3 NORTH OLD STATE CAPITOL PLAZA, SPRINGFIELD, ILLINOIS 62701 (PHONE) 217.753.4311 (FAX) 217.753.3492

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CANDIDATE INFORMATION

PERSONAL INFORMATION

FULL NAME					
FULL NAME LAST	FIRS	ST	MIDDLE		
MAIDEN, ALIAS, ETC.)		SS#			
DATE OF BIRTH	DRIVE	ERS LICENSE #			
CURRENT ADDRESS:					
CITY					
RESIDED AT ADDRESS FRO					
PREVIOUS ADDRESS:					
CITY					
RESIDED AT ADDRESS FRO					
CURRENT EMPLOYER:					
CITYSTAT					
POSITION					
REGINNING DATE					

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AUTHORIZATION FOR RELEASE OF INFORMATION

I,authorize the procurement of a rental and/or tenant screening report and understand that it may contain information about my background, character, general reputation, mode of living, criminal history, driving record, educational background, credit history, and job performance.
I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this pre-tenant screening.
I hereby release IDENTI-CHECK, Inc., its officers, agents, employees, assigns and servants from any and all liability arising from the preparation of this report or pre-tenant screenings relating thereto, and further agree to indemnify IDENTI-CHECK, Inc., its officers, agents, employees, assigns and servants from and against any and all claims, suits, judgments, settlements, deficiencies, damages, liabilities, losses, expenses (including reasonable attorneys' fees) of any kind or nature whatsoever which may be sustained or suffered by Indemnified Party as a result of the information provided by IDENTI-CHECK, Inc.
This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to IDENTI-CHECK, Inc. and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability from complying with this authorization. I authorize that a photocopy of this release be considered as valid as the original.
Sign Date