



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 INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since <input type="checkbox"/> DIVORCED Since	DRIVERS LICENSE #	STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT: - -	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT: - -	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



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

WWW.IDENTI-CHECK.COM
INFO@IDENTI-CHECK.COM

CANDIDATE INFORMATION

PERSONAL INFORMATION

FULL NAME _____
LAST FIRST MIDDLE

MAIDEN, ALIAS, ETC.) _____ SS# _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____

CURRENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

RESIDED AT ADDRESS FROM _____ TO _____

PREVIOUS ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

RESIDED AT ADDRESS FROM _____ TO _____

CURRENT EMPLOYER: _____

CITY _____ STATE _____ COUNTY _____ PHONE () _____

POSITION _____ SUPERVISOR _____

BEGINNING DATE _____ ENDING 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 _____