



4041 Renn Hart Hills Rd.
Loves Park, IL 61111

815-505-7872

STANDARD APPLICATION FOR LEASE

PLEASE PRINT

Processing Fee **\$45.00**
Non-Refundable

Date of Showing _____

The information on this application form is strictly confidential and will be so kept by the management. The purpose of the information below is to verify the applicant's credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which is deemed necessary to complete my application. The undersigned hereby makes application for a rental unit located at _____, beginning on _____, 20____, at a monthly rental of \$_____ and submits the following information:

OCCUPANT'S FULL LEGAL NAME: _____ (List all persons who will occupy the unit.)

A. _____ / _____ / _____	Relationship _____	Birthdate _____	S.S.N. _____
B. _____ / _____ / _____	Relationship _____	Birthdate _____	S.S.N. _____
C. _____ / _____ / _____	Relationship _____	Birthdate _____	S.S.N. _____
D. _____ / _____ / _____	Relationship _____	Birthdate _____	S.S.N. _____

APPLICANT _____ (Maiden Name) _____

CURRENT ADDRESS _____ Apt. No. _____

City _____ State _____ Zip _____

Home Phone _____ Best time to call _____

Check one: Rent _____ Own _____ Living with Parents _____ or Friends _____

How long at current address _____ Reason for leaving _____

Monthly rent now paying _____ Current Landlord/Manager's Name _____

Address _____ Phone _____

PREVIOUS ADDRESSES (Past 3 years + Apt. Numbers)

(1) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____

(2) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____

(3) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____

((1)(2)(3)continued):

(1) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____

(2) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____

(3) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____

EMPLOYER _____

Address _____ City _____ Phone _____

How Long _____ Type of work _____

Supervisor's Name _____ Working hours _____ to _____

INCOME (Circle One): WEEKLY / TWO WEEKS / MONTHLY \$ _____ Net or Gross? _____

DAY OF WEEK PAID (Circle One): Monday Tuesday Wednesday Thursday Friday

OTHER INCOMES: \$ _____ SOURCE _____

PREVIOUS EMPLOYER _____

Address _____ City _____ Phone _____

How Long _____ Type of work _____

NAME OF BANK _____ Account Number _____ Savings or Checking _____

VEHICLE: How many vehicles do you own? _____

Model _____ Color _____ Year _____

License No. _____ State _____ Payments? \$ _____

DRIVERS LICENSE # _____ State _____

NEAREST RELATIVES OR FRIENDS (List Two):

Name _____ Address _____

Apt. No. _____ City _____ Phone _____

Relationship _____

Name _____ Address _____

Apt. No. _____ City _____ Phone _____

Relationship _____

CREDIT REFERENCES AND CREDIT CARDS

Name _____ Account No. _____

Name _____ Account No. _____

(OVER)

Co - Applicant

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual Income:	

Banking Information

Name of Bank:			
Account Number:	Savings Checking Both (Please circle)		

Vehicle Information

How many vehicles do you own?			
Model & Make:	Year:	Color:	
License Number:	State:	Monthly Payment:	
Drivers License Number:	State:		

Nearest Relatives or Friends (List Two)

Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Relationship:		
Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Relationship:		

Credit References and Credit Cards Information

Name:	Account Number:
Name:	Account Number:
Total Amount of Constant Monthly Payments other than Rent (example: child support/day care/furniture):	
Personal Property Insurance Carrier (if any):	
Do you have?	Boat Camper Motorcycle Bicycles Trailer Other (Please circle)
Do you have any pets? Yes No (Please circle)	How Many? Type: Weight:

Have you or Co - Applicant ever?

Applicant

Co-Applicant

1. Had a Judgment against you?
2. Been served Eviction Notice or been Evicted?
3. Been convicted for any crime other than a minor Traffic Offense?
4. Changed your Name?

Yes	No
Yes	No
Yes	No
Yes	No

Yes	No
Yes	No
Yes	No
Yes	No

A Deposit in the sum of \$_____ and received by _____ is made herewith. It is understood that this application is subject to approval and acceptance by management and if the application is not approved, the deposit will be returned to the applicant. Upon approval of application for lease and in the event applicant fails to sign lease within 24 hours of approval or such reasonable extensions approved by management, then in the event management shall keep all monies deposited as liquidated damages for lost rentals and expenses incurred. This application will become part of the lease agreement when applicant is approved by management. The undersigned make(s) the foregoing representation as being true and accurate. Deposit is forfeited if there are any material misrepresentations in the application.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____