**Arlington Lofts – Rental Application**

**Application Instructions:**

Please complete the entire application for all tenants 18 years of age and older. Once completed, please return to Matthew Smilanich via email at manager@arlingtonlofts.com or in person at 338 E. Michigan Ave. Applications will be reviewed in the order received when apartment availability exists.

**Application Conditions:**

Landlord may refuse to rent to Applicant if any of the information provided herein is found to be untrue, and may terminate Applicant’s tenancy if information provided herein is found to be untrue after renting to Applicant.

If Landlord rents premises to Applicant, possession of the unit shall not be provided to Applicant until, in Landlord’s sole discretion, the premises are ready for occupancy.

Except as provided in the lease, the Landlord shall not be liable for damages in the event the premises are not ready for occupancy on the date prescribed in the lease, and Landlord shall not be liable for damages in any event where the premises cannot be occupied on the prescribed date because of causes beyond Landlord’s control.

I authorize the person to whom this application is made and any credit bureau or other investigative agency employed by such person to investigate any references herein listed or statements or other data obtained from me or from any other source pertaining to my credit or financial responsibility. I also authorize the person to whom this application is made (including his/her agents) to obtain a copy of my credit report to assist in evaluating my application and, thereafter, to obtain and use in attempting to collect unpaid rent, late fees, or other charges from me.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN RESPONSE TO THE QUESTIONS CONTAINED IN THIS APPLICATION IS TRUE. I FURTHER CERTIFY THAT I HAVE READ THE CONDITIONS CONTAINED AT THE TOP OF THE APPLICATION FORM, THAT I UNDERSTAND THEM, AND THAT I VOLUNTARILY SUBMIT THIS APPLICATION.**

**Signature: Date:**

Arlington Lofts Rental Application

|  |
| --- |
| Primary Applicant |
| Name:  |
| Date of birth: | SSN: | Phone: |
| Driver's License #: | Driver's License State: | Exp. Date: |
| E-mail: |
| Desired Move-In Date: |
| **Primary Applicant's Rental History** |
| 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: |
| Financial Information |
| Bank Name: | Account #: | Balance: | Type (Circle One): Checking or Savings |
| Bank Name: | Account #: | Balance: | Type (Circle One): Checking or Savings |
| Credit Card Co: | Balance Owed: | Monthly Payment: | Creditor's Phone: |
| Emergency Contact |
| Name of a person not residing with you: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Relationship: |
| Applicant's Vehicle Information |
| Make: | Model: | Yr: | Lic Plate: |
| Make: | Model: | Yr: | Lic Plate: |
| 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? |

|  |
| --- |
| Co-applicant Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Loft Type: |
|  One-Bedroom Two-Bedroom |
| Parking: Check all that apply |
|  On-site Parking (1 space) Additional Off-site City Parking No Parking Required |
| Applicant Questions - Please provide an explanation to all questions answered "Yes" |
| 1) Has the Applicant or Occupants named in application ever filed for bankruptcy? |
|  1a) If yes, what date was it filed? Date Granted? Date Discharged? |
|  |
|  |
| 2) Has the Applicant or Occupants named in the application ever been evicted or had judgment issued against him/her? |
|  |
|  |
| 3) Are there any outstanding judgments against Applicant or Occupants named in the application? |
|  |
|  |
| 4) Has Applicant or Occupants named in application had property foreclosed upon or given title or deed in lieu thereof in the past 7 years? |
|  |
|  |
| 5) Does Applicant or Occupants named in application have pending criminal charges, or has he/she ever been convicted of, plead guilty or no contest to, any criminal offense(s) other than traffic infractions that were disposed of other than by acquittal or a finding of not guilty? |
|  |
|  |
| 6) Is the Applicant or Occupants named in application party to a lawsuit? |
|  |
|  |
| 7) Is Applicant or Occupants named in application obligated to pay alimony, child support or separate maintenance? |
|  |
|  |
| References |
| Name:  | Address: | Phone: |
|  |  |  |
|  |  |  |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |