

Date: _____ Address Applying for: _____ Last Name: _____

Include Copy of Picture ID with Application

RENTAL APPLICATION

\$45.00 Per Adult*



ONLY CLEAN & RESPONSIBLE PEOPLE WHO PAY RENT ON TIME MAY APPLY with valid Picture ID

TEL: (224) 321-0699

P.O. BOX 271 GURNEE, IL 60031

HOURS: MON-FRI 9AM-5:00PM, SAT & SUN: BY APPOINTMENT

First Name: _____ MI: _____ Last Name: _____ Jr.,Sr? _____

SSN: _____ Date of Birth: _____ Phone: _____ Is this your phone?: _____

E-mail: _____ Cell Phone: _____ Whose Phone?: _____

Driver's License #: _____ State: _____ Exp. Date: _____

How long will you live here?: 1 yr 2 yr 3 yr + Your Attorney's Name: _____

Are You on Section 8?: _____ If Yes, Have You had your briefing?: _____ If yes, I have a _____ BEDROOM Voucher

If accepted the following persons will be living with me

1.)	Relationship	4.)	Relationship
2.)	Relationship	5.)	Relationship
3.)	Relationship	6.)	Relationship

Submit a separate application for each adult Resident / Co-Applicant. Indicate number of additional applications: _____

Any smoker? _____ What kind of animal do you have? _____ How many? _____

List your Addresses for the Previous 5 years

Current Address: _____ City, State, Zip: _____

Owner/Manager: _____ Phone: _____ Monthly Rent: _____

Moved In Date: _____ Why are you moving? _____ Is your rent current? _____

Previous Address: _____ City, State, Zip: _____

Owner/Manager: _____ Phone: _____ Monthly Rent: _____

Moved In Date: _____ Why did you move? _____ Moved Out Date: _____

Previous Address: _____ City, State, Zip: _____

Owner/Manager: _____ Phone: _____ Monthly Rent: _____

Moved In Date: _____ Why did you move? _____ Moved Out Date: _____

Employment and Income

Current Employer: _____ Address: _____

Position: _____ Phone: _____ Hire Date: _____ Hours worked per week: _____

Gross Wages:\$ _____ Per _____ Other income?: _____ Source?: _____ \$ _____

2nd Job Employer: _____ Phone: _____ Hire Date: _____

Gross Wages:\$ _____ Per _____ Hours worked per week: _____

Is the total move-in amount available now?: _____ What may interrupt your income or ability to pay rent? _____

Previous Employer: (if less than 2 years at current employer) _____

Address: _____

Position: _____ Phone: _____ Hire Date: _____ Hours worked per week: _____

Gross Wages:\$ _____ Per _____ Reason for leaving: _____

Credit References

Lender / Purpose of Loan	Balance	Monthly Pmt	Do you have a Checking Account?:
1.) /	\$	\$	Do you have a Savings Account?:
2.) /	\$	\$	Have amount required to move in?:
3.) /	\$	\$	(For Security Deposits, first month's rents)
4.) /	\$	\$	Do you own Real Estate?:

Date: _____ Address Applying for: _____ Last Name: _____

Personal References & Emergency Contacts (Including non-payment of rent)			
NAME	ADDRESS	PHONE	RELATIONSHIP
1.)			
2.)			
LIST Vehicles your household will possess:			
HOW DID YOU FIND THIS HOME? (friend, yard sign, ad, web, agent, etc.)		Your requested move-in date:	
Do you want to be considered for Rent to Own?		How much cash would you have: \$	
When performing background search we will find any of the following:			
Being a party of a lawsuit - <u>Y</u> <u>N</u>	Any judgment against you - <u>Y</u> <u>N</u>	Bankruptcy in past 7 years - <u>Y</u> <u>N</u>	
Evictions - <u>Y</u> <u>N</u>	Presently delinquent on any Federal debt or any other loans or financial obligation - <u>Y</u> <u>N</u>		
Are you obligated to pay alimony, child support or separate maintenance? - <u>Y</u> <u>N</u>		Any "YES" for any, explain below:	

Other comments or explanations:

- All homes are offered without regard to race, color, religion, national origin, sex, disability or familial status.
- Each adult occupant must submit an application.
- Your gross monthly income must equal approximately three times or more the monthly rent
- A favorable credit history.
- Be employed and be able to furnish acceptable proof of the required income.
- Good references, housekeeping, and property maintenance from your previous Lessors.
- Limit the number occupants to 2 per bedroom, or according to local ordinances.
- Compensating Factors can include additional requirements such as double deposit or rent paid in advance for applicants who fall short of above criteria.

The Applicant authorizes release of all information necessary to Property Management/Lessor/Owner.

APPLICANT: _____ **DATE:** _____

LEASE APPLICATION EMPLOYMENT VERIFICATION

Please fill one out for each applicant and attach with Lease Application

Date: _____

Please respond by: ASAP

Property Address: _____

MLS#: _____

Employer's Contact Person, Phone & Fax Numbers:

Applicant's name and current address:

The above individual applied for housing/leasing with us. Below is applicant's signature authorizing to release information related to Applicant's employment. We respectfully request your assistance in completing this form. Thank you for your prompt response in providing the information requested below.

Designated Listing Agent / Property Manager

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

WE WILL CONTACT YOUR EMPLOYER TO COMPLETE THE FORM BELOW

Name of Applicant: _____

Position held: _____

Rate of pay: _____

Hire date: _____ Future Outlook of Employment: _____

COMMENTS:

NAME OF SUPERVISOR (PRINT)

SIGNATURE

TITLE

PHONE NUMBER

NAME OF BUSINESS/EMPLOYMENT

DATE

THANK YOU!



CURRENT LANDLORD VERIFICATION OF APPLICANT

Please fill one out for current Landlord and attach with Lease Application

Date: _____

Please respond by: ASAP

Property Address: _____

MLS#: _____

Landlord's Name, Phone & Fax Numbers:

Applicant(s)' Name and Current Address:

The above individual(s) applied for housing/leasing with us. Below is applicant's signature authorizing to release information. We respectfully request your assistance in completing this form. Thank you for your prompt response in providing the information requested below. If we can assist you in the future on any applicants, please call or fax and we will respond promptly.

Designated Listing Agent / Property Manager

Signature of Applicant(s)

DO NOT WRITE BELOW THIS LINE

WE WILL CONTACT YOUR LANDLORD TO COMPLETE THE FORM BELOW

Date of residency: From _____ To: _____ Monthly Rent: \$ _____

1.) ___ YES ___ NO Did the Tenant always pay their rent on time?

2.) ___ YES ___ NO Have you received any complaints about this Tenant?

3.) ___ YES ___ NO Did Tenant damage property during Tenancy?

4.) ___ YES ___ NO **Would you rent to this Tenant again?**

COMMENTS:

NAME OF LANDLORD / MANAGER (PRINT)

SIGNATURE

TITLE

PHONE NUMBER

NAME OF BUSINESS (if applies)

DATE

THANK YOU!



PREVIOUS LANDLORD VERIFICATION OF APPLICANT

Please fill one out for each previous Landlord in last five years and attach with Lease Application

Date: _____

Please respond by: ASAP

Property Address: _____

MLS#: _____

Landlord's Name, Phone & Fax Numbers:

Applicant(s)' Name and Current Address:

The above individual(s) applied for housing/leasing with us. Below is applicant's signature authorizing to release information. We respectfully request your assistance in completing this form. Thank you for your prompt response in providing the information requested below. If we can assist you in the future on any applicants, please call or fax and we will respond promptly.

Designated Listing Agent / Property Manager

Signature of Applicant(s)

DO NOT WRITE BELOW THIS LINE

WE WILL CONTACT YOUR PREVIOUS LANDLORD TO COMPLETE THE FORM BELOW

Date of residency: From _____ To: _____ Monthly Rent: \$ _____

1.) ___ YES ___ NO Did the Tenant always pay their rent on time?

2.) ___ YES ___ NO Have you received any complaints about this Tenant?

3.) ___ YES ___ NO Did Tenant damage property during Tenancy?

4.) ___ YES ___ NO **Would you rent to this Tenant again?**

COMMENTS:

NAME OF LANDLORD / MANAGER (PRINT)

SIGNATURE

TITLE

PHONE NUMBER

NAME OF BUSINESS (if applies)

DATE

THANK YOU!

