RENTAL APPLICATION

564 West Route 22 Unit C Lake Zurich, IL 60047

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THIS APPLICATIONS MUST BE FILLED OUT COMPLETELY AND HAVE THE FEE ENCLOSED TO BE CONSIDERED. This application is subject to approval of owners.

ADDRESS OF PREMISES BEING OFFERED FOR RENT: Applicant Co-Applicant Name: _____ Name: _____ SSN: _ ____ DOB: ____ _____DOB: _____ SSN: Driver License # Driver License # Cell Phone: () _____ Cell Phone: () ___ Relationship to Co-Applicant: Relationship to Co-Applicant: Email address: _____ Email address: _____ Present Co-Applicant Residency Present Applicant Residency City: _____ State: ____ Zip: ____ City: _____ State: ____ Zip: ____ Date: From ______ To _____ Date: From ______ To _____ Monthly Rent: _____ Deposit _____ Monthly Rent: ______ Deposit _____ Reason for Moving: Reason for Moving: Landlord's Name: Landlord's Name: Phone Number: (Phone Number: () Address: _____ Address: _____ Previous Applicant Residency Previous Co-Applicant Residency City: _____ State: ____ Zip: _____ City: _____ State: ____ Zip: ____ Date: From ______ To _____ Date: From ______ To _____ Monthly Rent: _____ Deposit ____ Monthly Rent: _____ Deposit _____ Reason for Moving: Reason for Moving: Landlord's Name: Landlord's Name: Phone Number: () _____ Phone Number: (Address: _____ Address: _____ Applicant Employer Co-Applicant Employer Employer Name: _____ Employer Name: _____ State: _____ Zip: _____ _____ State: _____ Zip: _____ Phone Number () ______ Since: _____ Phone Number () ______ Since: _____ Position: _____Monthly Income: ____ Position: _____Monthly Income: ____ Supervisor: Supervisor: Other Income Other Income Have you ever filed Bankruptcy? Have you ever filed Bankruptcy? Have you ever been evicted? Have you ever been evicted? Do you have any Pets? _____ Do you have any Pets? Do you have a waterbed? _____ Do you have a waterbed? Do you have the required security deposit and first month's rent? If you are self employed: The legal name of your business _____ Your business license # _____

		Saving & Check	Saving & Checking Accounts					
Bank Name	Phone Number		Account #	Account Type	Current Balance			
Lender Name	Montl Phone Number	nly Payment (Other than utili Type of Loan	ity payments i.e. Car I Account #	Payments etc.) Monthly Payment	Current Balance			
Full Name	Date of Birth	Occupants (Anyone who Social Security #	will occupy the dwell Relationship with App	<i>C,</i>	ome and Source (if any)			
Name	Address	Personal References Phone N		Relationship to A	Applicant			
Make	Model	<u>Vehic</u> Year	le (s) License _I	plate #	Owned By			
		PROVIDER:address of nearest relative not						
In case of emerger	ncy, contact (Name &	Phone)						
This application	n will be made par	of the lease entered into	by the applicant	and landlord if appro	oved.			
	agree that security, 1soney order or cash.	month's rent and any other	fees must be posted	prior to the execution	of a lease agreement in			
Rental	Price:	Security Deposit:		Other Fees:				
Lease Agreement. result of my failus Landlord/Agent a out completely and I hereby authorize financial institutio Landlord/Agent to that my screening	I understand that my re to fulfill my promite to occupy by grees that the deposited truthfully. Landlord/Agent to vens, and any of the cree process this application fee of \$40.00 is non-time.	with the Landlord/Agent to sedeposit may be applied toward see to rent the above named with a lease term is refundable if the above appearify the validity of all the above dit reporting bureaus availabe on and I acknowledge that merfundable. I agree that Landle, under penalty of perjury, all	d any rent loss or oth premises by signing m of	er expenses the Landlor the Residential Lease A. d, providing that this appropriate or inquire nor or periodic or supply any additional exit if I do not comply with the company with the company and the company with the company and the co	d/Agent may incur as a Agreement no late than plication has been filled ally with my employers information needed by th such request. I agree ered into in reliance on			
Applicant Signatur	re	Date	Co-App	licant Signature	Date			