

RENTAL APPLICATION
564 West Route 22 Unit C
Lake Zurich, IL 60047
Phone 847-540-6177 FAX 847-540-5892
Email: albertgeneralpartners@gmail.com

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

Name: _____
SSN: _____ DOB: _____
Driver License # _____
Cell Phone: () _____
Relationship to Co-Applicant: _____
Email address: _____

Present Applicant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: () _____
Address: _____

Previous Applicant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: () _____
Address: _____

Applicant Employer

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number () _____ Since: _____
Position: _____ Monthly Income: _____
Supervisor: _____

Other Income

Have you ever filed Bankruptcy? _____
Have you ever been evicted? _____
Do you have any Pets? _____
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 # _____

Co-Applicant

Name: _____
SSN: _____ DOB: _____
Driver License # _____
Cell Phone: () _____
Relationship to Co-Applicant: _____
Email address: _____

Present Co-Applicant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: () _____
Address: _____

Previous Co-Applicant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: () _____
Address: _____

Co-Applicant Employer

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number () _____ Since: _____
Position: _____ Monthly Income: _____
Supervisor: _____

Other Income

Have you ever filed Bankruptcy? _____
Have you ever been evicted? _____
Do you have any Pets? _____
Do you have a waterbed? _____

Bank Name	Phone Number	Account in name of	Account #	Account Type	Current Balance
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Lender Name	Phone Number	Type of Loan	Account #	Monthly Payment	Current Balance

Full Name	Date of Birth	Social Security #	Relationship with Applicant	Income and Source (if any)

Name	Address	Phone Number	Relationship to Applicant

Make	Model	Year	License plate #	Owned By
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In case of emergency, contact (Name & Phone) _____

Rental Price: _____ **Security Deposit:** _____ **Other Fees:** _____

I hereby authorize Landlord/Agent to verify the validity of all the above information, and to inquire nor or periodically with my employers, financial institutions, and any of the credit reporting bureaus available to them. I agree to supply any additional information needed by Landlord/Agent to process this application and I acknowledge that my deposit will be forfeit if I do not comply with such request. I agree that my screening fee of **\$40.00** is non-refundable. I agree that Landlord/Agent may terminate any agreement entered into in reliance on any misstatement made above. I declare, under penalty of perjury, all of the above information to be true and correct, to the best of my knowledge.

Co-Applicant Signature _____ Date _____