

Application for Lease

631 Lucinda Ave. Apt. A ** DeKalb, IL 60115 ** Ph: 815-756-1988 ** Fax: 815-748-2841

All Applicants MUST BE US CITIZENS

Applicant's Full Name: _____ **Date of Birth** _____

Social Security #: _____ **Driver's License #:** _____

E-Mail Address: _____ Current Telephone # _____

Apartment Desired: _____ Desired Date of Occupancy _____

Present Address: _____ City: _____ St: _____

Zip code: _____ Present Landlord: _____ Rent: _____

Landlord's Telephone # _____ Move in date: _____ Lease end date: _____

Reason for moving: _____

Previous Address: _____ City: _____ St: _____

Landlord: _____ Landlord's Telephone # _____

Amount of Rent: _____ Move in date: _____ Move out date: _____

Reason of moving: _____

Parents' Names _____

Parents' Street Address: _____

City, State, Zip: _____ Daytime Telephone: _____

Evening Telephone: _____ Additional contact information: _____

Present Employer _____ Telephone: _____

Employers' Address: _____ City: _____ St _____

Position: _____ Start Date: _____

Rate of Pay \$ _____/HR. Hours worked per week: _____ Gross Monthly Income: _____

Additional Sources of Income: _____ Amount: _____ (verification required)

Previous Employer's Name and Address: _____

Telephone: _____ Supervisor: _____ Position: _____

Start Date: _____ Rate of Pay \$ _____/HR. Hours worked per week: _____

Student Information: School: _____ Major: _____ Year in School: _____

Source of Income While in School: _____

Names and ages of Persons to Occupy the Apartment:

1) _____ 2) _____

3) _____ 4) _____

Credit Information: List Names of All Credit Cards and Balances owed:

1) _____ Balance: _____ 2) _____ Balance: _____

3) _____ Balance: _____ 4) _____ Balance: _____

Personal References (LIST NON-STUDENTS ONLY)

Name and telephone # _____ am/pm (circle one)

Name and telephone # _____ am/pm (circle one)

Name and telephone # _____ am/pm (circle one)

Have You Ever Been Arrested: _____ If so, explain: _____

Have You Ever Been Convicted on a Crime: _____ Explain: _____

List Any Gang Affiliations: _____

Co-Signer Information

Name of Co-Signer: _____ Relationship _____

Current Address: _____

City, State, Zip: _____ Telephone: _____

How long at this address: _____ (Own / Rent) Monthly Mortgage or Rent: \$ _____

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Present Employer: _____

Address of Employer: _____ City _____ St _____

Zip: _____ Supervisor: _____ Your Position: _____

Start Date: _____ Annual Gross Salary: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's Social Security # _____ Spouse's Driver's License: _____

I REPRESENT TO YOU THAT I HAVE READ THIS ENTIRE APPLICATION AND THAT ALL OF THE INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE. I FURTHER REPRESENT THAT I AM A US CITIZEN AND MY RENTAL HISTORY AND CREDIT RECORDS ARE IN GOOD STANDING WITH NO JUDGMENTS OR LIENS AGAINST ME. IF ANY OF THE ABOVE INFORMATION IS FALSE, I HEREBY AGREE THAT MY ENTIRE DEPOSIT MAY BE FORFEITED TO LESSOR, AND AT LESSOR'S OPTION, MAY RESULT IN EVICTION. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL. MY PERMISSION IS GIVEN TO RUN A CREDIT CHECK AND CHECK MY FULL CREDIT AND RENTAL HISTORIES.

Fair Housing Practices: This office follows fair housing laws. It is illegal for either the owner or the broker to refuse to display or sell to any person because of one's membership in a protected class, e.g.: race, color, religion, national origin, sex, ancestry, martial status, physical or mental handicap, familial status, or any other class protected by Article 3 of the Illinois Human Rights Act. **Notice of Non-Agency:** Prospective renters understand that the management company was hired by the building ownership and represents the building ownership's interests and does not act as a agent for the prospective renter.

Applicant: _____ Date: _____

As Co-Signer I understand that is application is a part of the lease and that my signature on this document binds me to all obligations on the lease executed between the applicant and Lessor.

Co-Signer: _____ Date: _____