

**TOWNSEND MANAGEMENT**  
2179 Sycamore Road, Ste. 107  
DEKALB, ILLINOIS 60115  
(815) 787-7368

*There is a \$20.00 application  
fee per person over the age of 18.*

fax- (815) 758-6753  
DATE: \_\_\_\_\_

**RENTAL APPLICATION**

**Applicant's Full Name:** \_\_\_\_\_  
Present Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Co-Applicant D/L Number \_\_\_\_\_ **Co-**

**Applicant Name:** \_\_\_\_\_  
Present Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
How many persons will occupy this apartment (including self)? \_\_\_\_\_ Please List Below.

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY**

**Current Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_ week / month / year

**Co-Applicant Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_ week / month / year  
If less than 1 year at current employer, list previous employers and phone numbers:  
\_\_\_\_\_

**RENTAL HISTORY**  
*(Previous Rental History is Required)*

**Current Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ How long at this address: \_\_\_\_\_ If  
Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

Address Rented: \_\_\_\_\_ Dates Rented: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Co-Applicant Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_ How long at this address: \_\_\_\_\_ If  
Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

**PROPERTY INTERESTED IN:** \_\_\_\_\_ **DATE NEEDED** \_\_\_\_\_  
Preferred floor of unit? \_\_\_\_\_ If available, do you want a garage (Westport and Richport only)? \_\_\_\_\_  
Do you have a pet? \_\_\_\_\_ What type? \_\_\_\_\_ Weight? \_\_\_\_\_ Age? \_\_\_\_\_  
Have you ever filed for bankruptcy? \_\_\_\_\_ Been evicted from tenancy? \_\_\_\_\_  
Late on your rent payments? \_\_\_\_\_ Refused to pay rent when it was due? \_\_\_\_\_  
Been convicted of a felony? \_\_\_\_\_ Who referred you to Townsend Management? \_\_\_\_\_  
**Applicant: Who to contact in case of emergency** \_\_\_\_\_ **phone #** \_\_\_\_\_  
**relationship** \_\_\_\_\_ **address** \_\_\_\_\_  
**Co-Applicant: Who to contact in case of emergency** \_\_\_\_\_ **phone #** \_\_\_\_\_  
**relationship** \_\_\_\_\_ **address** \_\_\_\_\_

**Please sign the Verification of Residency/ Employment release on the back of application.**

	<b>For Office Use</b>
	Credit fee paid _____
	Credit check results _____

# Verification of Residency/ Employment

Phone # 815-787-7368 Fax

# 815-758-6753

I hereby authorize my Landlord/ Employer and/or credit agency to disclose the information requested below to Townsend Management.

\_\_\_\_\_  
Applicant name (print)                      Applicant signature                      SS#

\_\_\_\_\_  
Co-Applicant name (print)                      Co-Applicant Signature                      SS#

***Please return the application to Townsend Management. We will contact your landlord/employer for further information. Thank you.***

From: Townsend Management Corp.

The applicant referenced above has applied for an apartment and has indicated you as their Landlord/ Employer. Please complete the following information and return it to us at your earliest convenience.

## **I. Landlord Address:** \_\_\_\_\_

- ~~1.~~ Lease dates \_\_\_\_\_
- ~~2.~~ Rent amount \$ \_\_\_\_\_ Security Deposit amount \$ \_\_\_\_\_
- ~~3.~~ Amount of past due balance \$ \_\_\_\_\_
- ~~4.~~ Number of late payments: \_\_\_\_\_
- ~~5.~~ Number of NSF checks in last 12 months \_\_\_\_\_
- ~~6.~~ Have any unauthorized persons lived in this unit? \_\_\_\_\_
- ~~7.~~ Has this resident been found with a pet? \_\_\_\_\_ Is it permitted? \_\_\_\_\_
- ~~8.~~ Have there been any noise problems? \_\_\_\_\_
- ~~9.~~ Have the police been called regarding the applicant or guests? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
- ~~10.~~ Has the applicant or guests acted in a physically violent or verbally abusive manner toward neighbors or staff? If yes, please explain \_\_\_\_\_
- ~~11.~~ Amount of security deposit refunded to tenant \$ \_\_\_\_\_ Please explain \_\_\_\_\_
- ~~12.~~ Would you rent to this resident again? \_\_\_\_\_
- ~~13.~~ Other problems? \_\_\_\_\_
- ~~14.~~ Are you related to this applicant? \_\_\_\_\_ If yes, how? \_\_\_\_\_

## **II. Employer                      Employee Name:** \_\_\_\_\_

1. Starting date \_\_\_\_\_ 2. Salary \_\_\_\_\_
- ~~3.~~ Seasonal Part time Full time (please circle)- If part-time, how many hours/week? \_\_\_\_\_
- ~~4.~~ Continued Employment expected? Yes No
- ~~5.~~ Are you related to this applicant? \_\_\_\_\_ If yes, how? \_\_\_\_\_

## **III. Landlord/Employer** Thank you for your assistance!

\_\_\_\_\_  
Signature    title    date