

RENTAL APPLICATION

Landlord: Real Property Mgmt Suburban Chicago
 Client ID# FWC5032
 Ph: 847-455-9500 Fax: 847-455-3655
 Property Address: _____

Move In Date: _____
Lease Term: _____
Unit#: _____ Rent Amt: \$ _____
<input type="checkbox"/> New Applicant <input type="checkbox"/> Add on Lease
<input type="checkbox"/> Co - Signer for _____

Credit Check Criminal Check Employment Verification Rental History Verification Eviction Check

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR Ss CARD.

APPLICANT INFORMATION			
Applicant's Name <small>(full legal name)</small>		<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Maiden Name:		Cell No. Pager No
<input type="checkbox"/> Widow <input type="checkbox"/> Separated			
Social Security #	--	--	Date of Birth
Driver's License #		State issued Expiration Date	
Have you ever been convicted of a crime (minor traffic not included)? If yes, give details:			

RESIDENTIAL HISTORY			
Current Address	Your Phn #		
City	ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family		
Landlord Phone	Alternate Phone		
Date Moved In	Current Rent Amount		
Lease Expires	Have you Given Notice?		
Reason for Move			
Prev Address			
City	ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family		
Landlord Phone	Alternate Phone		
Date Moved In	Date Moved Out	Rent Amount	
Reason for Move			
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

EMPLOYMENT HISTORY			
Current Employer	<input type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	
Pay Rate	\$ Per HOUR WEEK MONTH	Hours Wkly	
Supervisor		Direct Phn	
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (if Current Less Than Three Years) ↓			
Second Employer	<input checked="" type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	End Date
Pay Rate	\$ Per HOUR WEEK MONTH	Hours Wkly	
Supervisor		Direct Phn	

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)		
Number of persons to occupy apartment:		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
Checking			
Savings			
ADDITIONAL INCOME (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
Have you ever filed bankruptcy?		When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age:						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you own furniture and furnishings to be moved into this apt? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If No, who does?						

REFERENCES		
Name	Relationship	Phone Number
In Case of Emergency:		Relationship:
		Phone:

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into relyantly or any misstatements made above.

AUTHORIZATION	
I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and LandAmerica Lender Services/Credit to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold LandAmerica Lender Services / Credit, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.	
Print Name:	_____
Signature:	_____ Date _____

Furnished by: LandAmerica Lender Services / Credit 2 Concourse Parkway, Suite 400 Atlanta, GA 30328
Phone: 800-989-1056 Fax: 866-889-4789

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

