



1002 Arlene Ct. #204, Bloomington, IL 61701
 Phone: (309) 663-5188 Fax (309) 663-4122

Which apartment are you applying for?			
address?	apt #	rent \$	security dep. \$
utilities paid?	parking?		requested move in date: / /
PERSONAL			
Applicant (A) _____		SocialSec.# _____	Tel.# Hm: _____
Driv. Lic.# _____	State _____	Exp.Date _____	Date of Birth _____
Present Address _____		City _____	State _____ Zip Code _____
# Years Resided _____		Owner/Mgr. _____	Tel.# _____
Previous Address _____		City _____	State _____ Zip Code _____
# Years Resided _____		Owner/Mgr. _____	Tel.# _____
Auto: Make _____	Model _____	Year _____	Color _____ Lic.# _____
Co-Applicant (CA) _____		Social Sec.# _____	Tel.# Hm: _____
Driv. Lic.# _____	State _____	Exp.Date _____	Date of Birth _____
Present Address _____		City _____	State _____ Zip Code _____
# Years Resided _____		Owner/Mgr. _____	Tel.# _____
Previous Address _____		City _____	State _____ Zip Code _____
# Years Resided _____		Owner/Mgr. _____	Tel.# _____
Auto: Make _____	Model _____	Year _____	Color _____ Lic.# _____
Other	Name _____	Age _____	Relationship _____
Occupants	Name _____	Age _____	Relationship _____
EMPLOYMENT			
Applicant		Co-Applicant	
Occupation or income source _____	Take home pay per month _____	Occupation or income source _____	Take home pay per month _____
Present Employer		Present Employer	
Phone # _____	Years Employed _____	Phone # _____	Years Employed _____
Street _____	City _____ State _____ Zip _____	Street _____	City _____ State _____ Zip _____
Previous Employer		Previous Employer	
Phone # _____	Years Employed _____	Phone # _____	Years Employed _____
Street _____	City _____ State _____ Zip _____	Street _____	City _____ State _____ Zip _____
Is your work steady? _____	How long do you plan to be at your present job? _____	Is your work steady? _____	How long do you plan to be at your present job? _____



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FINANCIAL					
Name and address of Banks, Lenders, or Stores where credit is established.			Name and address of Banks, Lenders, or Stores where savings is established		
	Name	Address		Name	Address
1.			checking :		
2.			savings :		
3.			CD ,money market ,other? :		
Name and address of who you owe.					
	Name	Address	Max. \$ Financed	Amount owed	Monthly Payment
Visa, M.C., Am.Ex.:					
Other Charge Cards:					
Car Loan:					
Other Loans 1:					
Other Loans 2:					
REFERENCES					
Name - Parent or Guardian		Address	Relationship	Phone No.	
Name - other adult not living with you.		Address	Relationship	Phone No.	
If no rental credit history, name an adult who will cosign lease?					
Have you ever: 1) declared bankruptcy ? _____ 2) been refused credit ? _____ 3) had any judgment against you ? _____					
4) been referred to a collection agency ? _____ 5) own real estate ? _____ 6) obligated for alimony or child support? _____					
Do you: 1) always pay housing rent when due ? _____ 2) always pay utility bills when due ? _____ 3) have a good Credit Bureau record ? _____					
4) have enough financial recourses to pay your housing rent each month on time ? _____ 5) have a pet ? _____					
CERTIFICATION AGREEMENT					
This form will be attached to and become a part of the lease. The Information given is certified correct and will be confidential for rental purpose. The management is authorized to verify any items. A processing fee of \$50 will be deducted from the security deposit if the applicant or co-applicant withdraw the application with in three calendar days from receipt of the application by management. If canceled by applicant after three calendar days, the entire security deposit will be forfeited as liquidated damages. Upon approval the security deposit will be credited to required security deposit account. If applicant is denied by management security deposit will be refunded. False or incomplete information shall enable management to deny the application and terminate any agreement with applicant.					
Signature of applicant :		Date:	Signature of Co - applicant :		Date:
Reviewed - owner / manager :			Date :		