

# RENTAL APPLICATION

Rental Address: 209 Jackson Street, Aurora, IL 60507  
Mail Application to: P.O. Box 1295; Aurora, IL 60507  
Managed by: Sean Morrissey; 630-881-7082; red\_hed\_12@yahoo.com  
**(Questions to be asked of every applicant age 18 or older)**

Today's Date: \_\_\_/\_\_\_/\_\_\_ Occupancy Date Desired: \_\_\_/\_\_\_/\_\_\_  
Rental Price Range: \$ \_\_\_ - \$ \_\_\_

## Applicant's Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License/ID Number/State: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Co-Signer's Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License/ID Number/State: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Preferred Rental Due Date:

How long do you plan on living in the next rental home that meets your needs? \_\_\_\_\_  
Would you like to receive a rental gift on your annual anniversary date? Yes \_\_\_ No \_\_\_  
Are you willing to agree to be scheduled for house clean-up duties? Yes \_\_\_ No \_\_\_  
Do you have renter's insurance? Yes \_\_\_ No \_\_\_  
Do you have water-filled furniture? Yes \_\_\_ No \_\_\_  
Have you ever broken a lease? Yes \_\_\_ No \_\_\_  
Ever filed for bankruptcy? Yes \_\_\_ No \_\_\_  
Ever convicted of a crime? Yes \_\_\_ No \_\_\_  
Currently have any utilities under your name? Yes \_\_\_ No \_\_\_  
Currently have phone service in your name? Yes \_\_\_ No \_\_\_  
Is there anything to prevent you from placing utilities  
or phone in your name? Yes \_\_\_ No \_\_\_  
Do you know of anything or any reason which may interrupt your  
ability to pay rent? Yes \_\_\_ No \_\_\_  
How often do you smoke cigarettes/cigars? Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Often \_\_\_  
How often do you drink alcohol? Never \_\_\_ Rarely \_\_\_ Sometimes \_\_\_ Often \_\_\_  
What kind of foods do you eat regularly? \_\_\_\_\_  
What kind of TV programs do you enjoy? \_\_\_\_\_  
How many times a month do you clean your room? 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_  
Are you willing to share a home with someone of:  
The Opposite Sex Yes \_\_\_ No \_\_\_  
Different Race Yes \_\_\_ No \_\_\_  
Different Religion Yes \_\_\_ No \_\_\_  
Much older or younger than you? Yes \_\_\_ No \_\_\_

## Residency History:

Present Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Dates you have lived at this address? \_\_\_\_\_ Own: \_\_\_ Rent: \_\_\_ Occupy: \_\_\_  
Current Phone: ( ) \_\_\_\_\_ How many pets did you have? \_\_\_\_\_ Type of pets: \_\_\_\_\_

Name of Landlord/Mortgage Company: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Address of present Landlord/Owner/Mortgage Company: \_\_\_\_\_  
Landlord's Phone: ( ) \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
Is your Rent/Mortgage Current? Yes \_\_\_ No \_\_\_ Number of Late Payments? \_\_\_\_\_  
Security Deposit Currently Being Held by Landlord? Yes \_\_\_ No \_\_\_

Previous Residence Address: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Previous Landlord's Phone ( ) \_\_\_\_\_  
Dates at the Address: \_\_\_\_\_ Reason for Moving? \_\_\_\_\_  
Was your full security deposit returned? Yes \_\_\_ No \_\_\_ # of late payments? \_\_\_\_\_ Monthly Payment? \_\_\_\_\_

Previous Residence Address: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Previous Landlord's Phone ( ) \_\_\_\_\_  
Dates at the Address: \_\_\_\_\_ Reason for Moving? \_\_\_\_\_  
Was your full security deposit returned? Yes \_\_\_ No \_\_\_ # of late payments? \_\_\_\_\_ Monthly Payment? \_\_\_\_\_

**Income History:**

Applicant's current employment status:

Full-Time: \_\_\_\_\_ Part-Time (less than 32 hours): \_\_\_\_\_ Student: \_\_\_\_\_ Retired: \_\_\_\_\_ Self-Employed: \_\_\_\_\_  
Unemployed: \_\_\_\_\_ Other: \_\_\_\_\_

*Primary Source of Employment:*

Applicant Employed By: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Average Weekly Hours: \_\_\_\_\_ How long at the place of employment? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position: \_\_\_\_\_ Salary/Hourly Wage: \_\_\_\_\_  
Please indicate weekly, biweekly, monthly, or annual average take home pay: \_\_\_\_\_

*Additional Employment:*

Applicant Employed By: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Average Weekly Hours: \_\_\_\_\_ How long at the place of employment? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position: \_\_\_\_\_ Salary/Hourly Wage: \_\_\_\_\_  
Please indicate weekly, biweekly, monthly, or annual average take home pay: \_\_\_\_\_

**Additional Income / Payment Information:**

In the event of an emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ 2<sup>nd</sup> Phone #: ( ) \_\_\_\_\_

Do you have a savings account, line of credit, or charge card sufficient to cover one month's rent? Yes \_\_\_ No \_\_\_

**Additional Income: (Optional)**

If there are additional, verifiable sources of income you would like considered, please list income source (e.g. self-employment, social security, benefit payments); and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ How long have you been receiving income from this source? \_\_\_\_\_  
How long do you expect this income to continue? \_\_\_\_\_ Is there any reason it would stop? \_\_\_\_\_

**Assets/Credits/Loans**

Number of vehicles on property? \_\_\_\_\_ Valid registration and inspection? \_\_\_\_\_  
Do you have any commercial vehicles, RVs, campers, boats, or motorcycles? Yes \_\_\_ No \_\_\_

Vehicle #1 (Make/Model/Color/Year): \_\_\_\_\_  
Please note, only cars on application are authorized to be on premises.  
Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
Financed/Leased Through: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Account Number: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Credit Cards and Loans** (including banks, department stores, gas cards, student loans)

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Total Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Are your payments current? Yes \_\_\_ No \_\_\_

Other Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Total Amount Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Are your payments current? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bank Reference**

Name of bank and branch: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long has account been active? Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Average Monthly Balance: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Personal/Professional References**

Character/Personal Reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Professional Reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Nearest Living Relative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Doctor or Health Care Provider:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

If management has a question regarding this application, please furnish the best contact phone number:

Day Phone / Contact Person: \_\_\_\_\_  
Night Phone / Contact Person: \_\_\_\_\_

**THANK YOU!**

Thank you for completing an application to rent from us. Please sign below. Please note that an accepted tenant requires submission of the following, which will be copied and attached to this application:

- \_\_\_\_\_ Photocopy of Driver's License or State ID. Note: Rentals will not be shown without picture ID.
- \_\_\_\_\_ Personal Check (to verify bank)
- \_\_\_\_\_ 2 weeks of most current pay stubs of each income source listed.
- \_\_\_\_\_ Photocopies of last three bank statements.
- \_\_\_\_\_ If self-employed, most current Schedule C tax return and proof of current income.

**A fee of \$20.00 is charged on all rental applicants for the purpose of verifying the information furnished on this application.**

By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application, will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT TO PERFORM CRIMINAL BACKGROUND AND REFERENCE CHECKS

I, \_\_\_\_\_, (rental applicant), authorize and permit \_\_\_\_\_, (rental manager) to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks, and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above. I understand that a \$17.00 fee is applied to the processing of this Rental Application for the purposes of processing a Criminal Background Check.

I further authorize and permit the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

Thanks to all parties for your cooperation with this manner.

Rental Applicant (signature): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## EMPLOYMENT VERIFICATION

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

I authorize Sean Morrissey to verify the following information regarding my employment history:

- Job Title \_\_\_\_\_
- Full Time Position                      Yes                      No
- Permanent Position                      Yes                      No
- Salary/Hourly Wage \_\_\_\_\_
- Payment Schedule                      Weekly                      Biweekly                      Monthly
- Length of Employment \_\_\_\_\_
- Name of Person Providing Information: \_\_\_\_\_
- Date Information was provided: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date