

RENTAL APPLICATION

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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: _____
Home Phone: _____ Work Phone: _____
Birth Date: ___/___/___ Drivers License/ID Number: _____ License State: _____
Social Security #: _____ - _____ - _____ E-Mail Address: _____
Day Phone: () _____ Night Phone: () _____

Co-Signer's Personal Information

Last Name: _____ First: _____ Middle: _____
Home Phone: _____ Work Phone: _____
Birth Date: ___/___/___ Drivers License/ID Number: _____ License State: _____
Social Security #: _____ - _____ - _____ E-Mail Address: _____
Day Phone: () _____ Night Phone: () _____

Additional Occupants

Full Name: _____ Relationship to Applicant: _____
Full Name: _____ Relationship to Applicant: _____
Full Name: _____ Relationship to Applicant: _____

Are you able to handle minor maintenance/upkeep in the property?	Yes	____	No	____
Appliances (if so, which ones) _____				
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	____
Are you required to register as a sexual offender pursuant to any State's law?	Yes	____	No	____
Have you been evicted or are you now undergoing an eviction?	Yes	____	No	____
Have you ever been sued?	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	____
Do you smoke?	Yes	____	No	____

***If marked "Yes", please explain on the back of this sheet of this document.**

Residency History:

Present Street Address: _____
City: _____ State: _____ Zip Code: _____
Dates you have lived at this address? _____ Own: _____ Rent: _____ Occupy: _____
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:() _____ 2nd 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): _____ Monthly Payment: _____

Please note, only cars on application are authorized to be on premises.

Plate Number: _____ State: _____ Financed/Leased Through: _____

Lessor Phone Number: () _____ Account Number: _____

Vehicle #2: (Make/Model/Color/Year): _____ Monthly Payment: _____
Plate Number: _____ State: _____ Financed/Leased Through: _____
Lessor Phone Number: () _____ Account Number: _____

Please note, only cars on application are authorized to be on premises.

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 _____

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.
- _____ If self-employed, most current Schedule C tax return and proof of current income.

A fee of \$30.00 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: _____

Co-Applicant's Signature: _____ Date: _____

CONSENT TO PERFORM CREDIT, CRIMINAL, BACKGROUND AND REFERENCE CHECKS

I, _____, (rental applicant), authorize and permit Sean Morrissey, (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 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

QUESTIONS TO ASK FORMER LANDLORD(S)

Landlord Name: _____

Landlord Phone #: _____

Landlord Fax #: _____

One of you current or former residents has applied to rent a property that I manage. The resident has given me your name and permission to ask if you could please verify a few quick things regarding his rental with you. This would be a big help to him or her. May I?

- | | | | |
|-----|---|-----|----|
| 1. | Can you verify that if the resident is or was paying you \$_____ per month in rent? | Yes | No |
| 2. | How many weeks advance notice has the resident given you that he or she is moving? | Yes | No |
| 3. | Is the resident currently up-to-date with his or her payments? | Yes | No |
| 4. | Has the resident been late once or more than once during the last 12 months? | Yes | No |
| 5. | Has the resident ever been late more than 30 days? | Yes | No |
| 6. | How many months/years did the resident reside in you property? | Yes | No |
| 7. | Is the resident vacating early, before the full term or end of his agreement? | Yes | No |
| 8. | Did you receive any complaints of any kind from neighbors regarding the resident? | Yes | No |
| 9. | Did the tenant have pets live on the premises? | Yes | No |
| 10. | Were there any complaints from the neighbors regarding pets or animals? | Yes | No |
| 11. | Have you had to give a notice to the resident for any reason during the last 12 months because of a rental violation? | Yes | No |
| 12. | Was the resident asked to move because of nonpayment or for breaking one of the lease terms? | Yes | No |
| 13. | Did or will you have to withhold any deposit to cover any unpaid rent or damages? | Yes | No |

Thank you very much for your assistance.

By signing below, the prospective tenant is giving his/her landlord(s) authorization to answer the questions proposed within this document.

Prospective Tenant Printed Name

Date

Prospective Tenant Signature