



ACKNOWLEDGEMENT AND NOTICE OF NO AGENCY: As required by Illinois State License law, **LANDLORD/OWNER** discloses to applicant that she is a real estate managing broker licensed in the state of Illinois and is **NOT** acting as agent of the applicant. She is acting in her own best interests.

Please Print **RENTAL APPLICATION** Please Print

PERSONAL INFORMATION

| LAST NAME | FIRST | M I | DOB | RELATIONSHIP | SOC SECURITY # | DRIVER LICENSE # |
|--------------------------------------------|-------|-------|-------|--------------|----------------|------------------|
| APPLICANT _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| APPLICANT _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ALL OTHER RESIDENTS (INCLUDING PETS) _____ | _____ | _____ | _____ | _____ | _____ | _____ |

RESIDENCE HISTORY

Current Address _____ City, State, Zip _____

Current Telephone Numbers _____ Home _____ Work _____ Mobile _____

Email Address: _____

Current Landlord _____ Landlord Telephone # _____

Present Rent \$ _____ Time at Present Address _____ Reason for leaving _____

Previous Address _____ City, State, Zip _____

Previous Landlord _____ Landlord Telephone # _____

Previous Rent \$ _____ Time at Previous Address _____ Reason for leaving _____

Have you ever been asked to move or been evicted? _____ If yes explain _____

Have you ever broken a Lease? _____ If yes explain _____

EMPLOYMENT HISTORY

Employed By _____ How Long _____ Telephone # _____

Employer Address _____ City, State, Zip _____ Position _____

Nature of Business _____ Gross Salary \$ _____ /month

Previous Employer _____ How Long _____ Telephone # _____

Employer Address _____ City, State, Zip _____ Position _____

Co-Applicant Employer _____ How Long _____ Telephone # _____

Employer Address _____ Position _____ Gross Salary \$ _____ /month

CREDIT – REFERENCES – OTHER INCOME

Bank Name _____ Telephone # _____ How Long _____

Bank Address _____

Checking Balance \$ _____ Account # _____ Savings \$ _____ Account # _____

Credit Reference _____ Telephone # _____

Address _____ Account # _____

Credit Reference _____ Telephone # _____

Address _____ Account # _____

Will all or part of your income be from any of the following?

Welfare \$ _____ Student Loan \$ _____ Unemployment Comp. \$ _____ Retirement \$ _____ Parents \$ _____
 Other Income \$ _____ Source _____

PERSONAL REFERENCES

| Name (Non-Relation) | Address | Phone # |
|---------------------|---------|---------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

VEHICLES

Make _____ Year _____ Lic. # _____ State _____
 Make _____ Year _____ Lic. # _____ State _____

ADDITIONAL COMMENTS/EXPLANATIONS

****Please note: This is a Non-Smoking residence. Any smoking must be limited to the exterior of the house.**

APPLICATION IS HEREBY GIVEN FOR THE FOLLOWING RENTAL:

Address _____ Normal. IL 61761 Rent \$ _____ Security Deposit \$ _____

Anticipated Occupancy Date: _____ Application Fee \$30 per adult tenant

**APPLICATION MUST BE SIGNED AND DATED.
 SECURITY DEPOSIT CHECK AND APPLICATION FEE OF \$30 PER ADULT TENANT MUST BE RECEIVED BEFORE
 APPLICATION WILL BE PROCESSED.**

IT IS UNDERSTOOD THE SECURITY DEPOSIT RECEIVED WITH THIS APPLICATION IS TO HOLD THIS RENTAL, AND WILL BE REFUNDED ONLY IF APPLICANT IS NOT APPROVED. PERMISSION IS HEREBY GRANTED TO LANDER1 PROPERTY MANAGEMENT TO OBTAIN A WRITTEN CREDIT REPORT AND OTHER REPORTS/VERIFICATION AS NEEDED. IT IS ALSO UNDERSTOOD NO AGENCY RELATIONSHIP EXISTS BETWEEN APPLICANT AND LANDLORD.

PLEASE MAKE SECURITY DEPOSIT CHECK PAYABLE TO: Karen Stailey-Lander
 PLEASE MAKE APPLICATION FEE CHECK PAYABLE TO: David Lander

PLEASE CALL KAREN AT (309) 275-5420 TO ARRANGE DELIVERY OF APPLICATION AND CHECKS.

Applicant _____ Date _____

Applicant _____ Date _____

| OFFICE USE ONLY | REFERENCE VERIFICATION | OFFICE USE ONLY |
|-------------------------|------------------------|-----------------|
| PRESENT LANDLORD _____ | | |
| PREVIOUS LANDLORD _____ | | |
| EMPLOYMENT _____ | | |
| CREDIT BUREAU _____ | | |
| INCOME RATIO _____ | | |
| OTHER _____ | | |