

Bldg/ Apt #	
Rental Rate	
Move in Date	
Security Deposit	

350 Inland Drive #2A Wheeling IL 60090 Phone: (847)808-1820 Fax: (847)808-1898

RENTAL / CREDIT APPLICATION

\$35.00 FEE PER PERSON

Cash or Money Order Only

PE	CRSONAL INFORMATION	
Date		
	Telephone	
Social Security No.		
Driver's License No		
Present Address		
City, State, Zip		
Name of Landlord	Landlord Telephone	
Reason for leaving present address?	Current Rent	
Time at present address.	Current Reint	
Previous Address (if within 3 years)		
City, State, Zip	Landlord Telephone	
Month/Year Moved In Month/Year M	Moved Out Reason for leaving	
T 1	5	
Employer Address	Position	
Employer AddressSalary		
Supervisor	Telephone	
How many will be living in this unit? Adults: Children: Pets		
Names of all other occupants:		
S	SPOUSE INFORMATION	
Name	Date of Birth	
Social Security No	Driver's Lic No	
Employer	Position	
Employer Address	City, State	
Salary	How Long	
Supervisor	Telephone	
BANK	X and CREDIT REFERENCES	
	City, State, Branch	
Telephone	GI 15	
	_ City/State	
Telephone		

PEI	RSONAL REFERENCES
me, Relationship, Telephone No.	
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O	THER INFORMATION
 If yes, when? Yes Filed for bankruptcy Yes If yes, when? Been served an eviction notice/asked to 	raffic violations) Yes No No o vacate a property you were renting Yes No y rent when due Yes No
ow were you referred to us?	
Newspaper (name)	
Internet (website)	
Other (describe)	
We declare the foregoing information is tr	CKNOWLEDGEMENT rue and correct, and I / We hereby authorize you to condu nd and credit check, and also to verify our references.
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