

Rental Application



No Dogs!

return to: *Verena Block*
info@carmenashlandbuilding.com • 847-668-6528

Apartment to be Rented:

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 1516-1 <input type="checkbox"/> | 1518-1 <input type="checkbox"/> | 1520-1 <input type="checkbox"/> | 1522-1 <input type="checkbox"/> | 1524-1 <input type="checkbox"/> | 5103-1 <input type="checkbox"/> | 5105-1 <input type="checkbox"/> |
| 1516-2 <input type="checkbox"/> | 1518-2 <input type="checkbox"/> | 1520-2 <input type="checkbox"/> | 1522-2 <input type="checkbox"/> | 1524-2 <input type="checkbox"/> | 5103-2 <input type="checkbox"/> | 5105-2 <input type="checkbox"/> |
| 1516-3 <input type="checkbox"/> | 1518-3 <input type="checkbox"/> | 1520-3 <input type="checkbox"/> | 1522-3 <input type="checkbox"/> | 1524-3 <input type="checkbox"/> | 5103-3 <input type="checkbox"/> | 5105-3 <input type="checkbox"/> |

Monthly Rent: \$ _____ Security Deposit: \$ _____

Date of Desired Occupancy: _____

Primary Tenant: _____ Phone #: _____

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____

Current Address: _____ City/State/Zip: _____

Current Landlord: _____ Phone #: _____

Landlord Address: _____ City: _____

How Long at This Address: _____ Are You Sharing Apartment? _____

Present Rent/Month: _____ Do You Have a Current Lease? _____

If Yes, Give Expiration Date: _____ Reason For Moving: _____

Previous Landlord: _____ Phone #: _____

Previous Landlord Address: _____ City: _____

How Long at This Address: _____ Were You Sharing Apartment? _____

Current Employer: _____ Phone #: _____

Address: _____ City: _____

Position: _____ How Long? _____

Salary (Gross/Month) \$ _____

The applicant certifies that all information on this application is true, and authorizes landlord and TVS – a consumer reporting agency – to verify the information herein furnished, interview the present and previous landlords, verify employment, and process credit reports on applicants. By signing below, the applicant acknowledges they have been advised of their right under section 6006b of the Fair Credit Reporting Act.

Signature _____ Date _____

⇒ Turn Page Over To List Additional Adults ⇐

List all children under 18 who will reside in the apartment

Name	Age	Boy or Girl
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secondary Tenant: _____ Phone #: _____
Social Security Number: _____ Date of Birth: _____
Driver's License #: _____
Current Address: _____ City: _____
Current Landlord: _____ Phone #: _____
Landlord Address: _____ City: _____
How Long at This Address: _____ Are You Sharing Apartment? _____
Present Rent/Month: _____ Do You Have a Current Lease? _____
If Yes, Give Expiration Date: _____ Reason For Moving: _____
Previous Landlord: _____ Phone #: _____
Previous Landlord Address: _____ City: _____
How Long at This Address: _____ Were You Sharing Apartment? _____
Current Employer: _____ Phone #: _____
Address: _____ City: _____
Position: _____ How Long? _____
Salary (Gross/Month) \$ _____

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Signature _____ **Date** _____

Add'l Tenant: _____ Phone #: _____
Social Security Number: _____ Date of Birth: _____
Driver's License #: _____
Current Address: _____ City: _____
Current Landlord: _____ Phone #: _____
Landlord Address: _____ City: _____
How Long at This Address: _____ Are You Sharing Apartment? _____
Present Rent/Month: _____ Do You Have a Current Lease? _____
If Yes, Give Expiration Date: _____ Reason For Moving: _____
Previous Landlord: _____ Phone #: _____
Previous Landlord Address: _____ City: _____
How Long at This Address: _____ Were You Sharing Apartment? _____
Current Employer: _____ Phone #: _____
Address: _____ City: _____
Position: _____ How Long? _____
Salary (Gross/Month) \$ _____

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