

TENANT APPLICATION FORM

Property Information

Address:	Rent \$	Deposit \$
----------	---------	------------

Applicant History

Applicant's Full Name (Last, First, Middle Initial) Jr/Sr	Date of Birth	Social Security Number	Drivers License #
Phone # (Home)	Phone # (Work)	Email:	
Name of Co-Applicants (<i>Separate Application required for each Co-Applicant</i>)			
(Last, First, Middle Initial)	(Last, First, Middle Initial)	(Last, First, Middle Initial)	

Applicant's Present Address	City	Zip	Dates: From - To
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House
Present Landlord's Name	Address	City	Zip Phone #

Applicant's Prior Address	City	Zip	Dates: From - To
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House
Prior Landlord's Name	Address	City	Zip Phone #

Proposed Occupants

1 - (Last, First, Middle Initial)	Date of Birth	3 - (Last, First, Middle Initial)	Date of Birth
2 - (Last, First, Middle Initial)	Date of Birth	4 - (Last, First, Middle Initial)	Date of Birth
Does Applicant or any Proposed Occupant smoke? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you own a pet? <input type="checkbox"/> yes <input type="checkbox"/> no Number of pets: _____ Type: _____			

Employment

Current Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Prior Employer (if self-employed, name of business) Business Address			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source

Financial Info

Checking: bank and branch (include City/State)	Account #
Savings: bank and branch (include City/State)	Account #
Have you ever filed bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no County/State where filed: _____ What year? _____	
Have you or any proposed occupant ever:	
Been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no Describe: _____	
Been evicted from a rental? <input type="checkbox"/> yes <input type="checkbox"/> no Describe: _____	
Defaulted on a lease? <input type="checkbox"/> yes <input type="checkbox"/> no Describe: _____	

TENANT APPLICATION FORM (continued)

Applicant Name

Applicant's Full Name (Last, First, Middle Initial) Jr/Sr

Personal Info

In case of emergency, please notify: (local name, address & phone number)

Relationship:

Auto Make

Model

Year

License #

State

Reason for relocation?

Do you have renter's insurance? <input type="checkbox"/> yes <input type="checkbox"/> no
--

Consent to Verification of Credit and Other Information

I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner.

I understand and agree: (i) this is an application to rent only and does not guarantee that I will be offered the Property, and (ii) Landlord or Manager or Agent may accept more than one application for the Property and, using their sole discretion, will select the best qualified applicant. I hereby authorize the Landlord or Manager or Agent to verify the information provided and obtain a credit report on me.

Applicant's Signature: _____ Date: _____

Thank you for your interest in Pomereneing Apartments. If you have questions, please call 847-867-3848. Please return your completed application to:

John Brandl
3127 Cuba Road
Long Grove, IL 60047
cell/text: 847-867-3848

or

jbrandl@oaklaneins.com