

Lincolnshire West Apartments - Lease Application

APPLICANT INFORMATION

NAME _____ ARE YOU 18 YEARS OR OLDER? _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

CURRENT ADDRESS _____ CITY _____ STATE/ZIP _____

LANDLORD NAME _____ PHONE _____ CURRENT HOME PHONE _____

CURRENT LEASE DATES FROM _____ THROUGH _____ RENT _____ DAY TIME PHONE _____

#1 PREVIOUS ADDRESS _____ CITY _____ STATE/ZIP _____

LANDLORD NAME _____ PHONE _____ RENT _____ DATES: FROM _____ TO _____

#2 PREVIOUS ADDRESS _____ CITY _____ STATE/ZIP _____

LANDLORD NAME _____ PHONE _____ RENT _____ DATES: FROM _____ TO _____

EMPLOYMENT

CURRENT EMPLOYER _____ HOW LONG? _____ WEEKLY GROSS EARNINGS _____

EMPLOYMENT ADDRESS _____ CITY _____ PHONE _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ PHONE _____

ADDITIONAL INCOME _____ EXPLAIN _____

MISCELLANEOUS

HOW MANY PEOPLE WILL OCCUPY THIS APARTMENT? _____ # OF ADULTS? _____ # OF MINORS? _____

NAME _____ SEX _____ AGE _____ NAME _____ SEX _____ AGE _____

NAME _____ SEX _____ AGE _____ NAME _____ SEX _____ AGE _____

COSIGNOR

NAME _____ HOME PHONE _____ DAY PHONE _____

ADDRESS _____ CITY _____ STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

OFFICE USE ONLY TERMS OF LEASE:

FROM _____ TO _____ MOVE IN DATE : _____ BLDG. _____ APARTMENT _____

IN CASE OF EMERGENCY CONTACT:

#1 NAME: _____ RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

#2 NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ADDITIONAL INFORMATION:

Is there any litigation against you? (example: evictions, suits, judgments, bankruptcies, etc.) Please give details & dates:

I certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that this application becomes a part of my permanent file as a resident of this property. If any information is untrue or falsely stated, I hereby agree that my entire deposit may be forfeited to you and could be grounds for cancellation of the lease.

I AUTHORIZE YOU TO MAKE AN INVESTIGATIVE CONSUMER REPORT OF MY PERSONAL, FINANCIAL, AND CREDIT HISTORY THROUGH CREDIT AGENCIES OR BUREAUS.

I also understand that this application is subject to your approval, and if my application is not accepted, my deposit of \$_____ will be returned in full. I understand that my application fee of \$15.00 is non-refundable. I also agree that if I am accepted and fail to complete this transaction by signing your lease, my entire deposit will be forfeited to you.

I also understand that this is not a lease and should my application be accepted, I agree to sign your lease form currently in use. If for any reason whatsoever you are unable to make the apartment which is the subject of this application available at the beginning of the lease term, I hereby waive any and all rights to seek to recover any damages whatsoever against you, including without limitation, actual punitive or consequential damages.

IT IS POLICY NOT TO DISCRIMINATE RENTALS ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE OR SEX.

APPLICANTS SIGNATURE

DATE

RECIEVED BY

DATE