



# RENTAL APPLICATION

595 S. Des Plaines River Road, Des Plaines, IL 60016

**Apartment** \_\_\_\_\_ **Rent Amount** \_\_\_\_\_

**APPLICANT**

Applicant Name (First, MI, Last) \_\_\_\_\_  Individual  Joint  Guarantor

Social Security Number: \_\_\_\_\_ | Are you a U.S Citizen?  Yes  No | Date of Birth: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Vehicle Make/Model/Plate #: \_\_\_\_\_

Address (Street, City, State, ZIP Code): \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (I give consent to contact me using my email address): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_

Have you been sent to collections in the past 6 months?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been sent to collections by a landlord?  Yes  No If yes, explain \_\_\_\_\_

Do you have any outstanding collection for more than \$500?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, explain \_\_\_\_\_

Have you ever filed for bankruptcy?  Yes  No If yes, explain \_\_\_\_\_

Any current bills past due/ delinquent more than 30 days?  Yes  No If yes, explain \_\_\_\_\_

Are you currently involved in a foreclosure or have you been foreclosed on?  Yes  No If yes, explain \_\_\_\_\_

Own  Rent  From: \_\_\_\_\_ To: \_\_\_\_\_

Present Landlord / Mortgagee: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Date current lease expires: \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Personnel Phone: \_\_\_\_\_

Position / Title / Type of Business: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Additional Monthly Income: \$ \_\_\_\_\_

**PERSON(S) TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT(S)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pet:  Yes  No Type/Breed: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

**IN CASE OF EMERGENCY: I hereby give consent to contact the individual below:**

Local Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ONLY COMPLETE THIS SECTION IF YOU ARE NOT A U.S CITIZEN**

We require all applicants who are not U.S. citizens to complete this section. We are committed to compliance with fair housing law. Morningside Des Plaines, LLC does not discriminate based on race, color, religion, sex, national origin, handicap, or familial status. The purpose of this section is to verify you that you are lawfully in the United States, to determine whether your right to be in the United States expires during your Lease Agreement term, and to enable us to better cooperate with government officials in the performance of their duties, when requested. We do not anticipate sharing this information with anyone except government officials who may inquire about you.

Country of Origin: \_\_\_\_\_ Place of Birth (Country, State, Province, etc.): \_\_\_\_\_

Country or Counties of Which You are a Citizen: \_\_\_\_\_

How Long Have You Been In the U.S.: \_\_\_\_\_ Passport # \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Do You Have a Visa?  Yes  No If So, What Type?  Student  Work  Visitor  Other \_\_\_\_\_

Visa # \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

**Please check the U.S Immigration & Naturalization Service (INS) document below that entitles you to be in the U.S.**

*(We may ask to make photo copies of these documents)*

I-551 (Permanent Resident Card)  I-688, (Temporary Resident Card)  I-688A, (Employment Authorization Card)

I-94, (Arrival/Departure Record Form) Form/Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ACKNOWLEDGEMENT AND AGREEMENT:**

Landlord may refuse to rent to Applicant if any of the information provided herein is found to be untrue, and may terminate Applicant's tenancy if information provided herein is found to be untrue after renting to Applicant. If Landlord rents premises to Applicant, possession of the unit shall not be provided to Applicant until, in Landlord's sole discretion, the premises are ready for occupancy. Except as provided in the lease, the Landlord shall not be liable for damages in the event the premises are not ready for occupancy on the date prescribed in the lease, and Landlord shall not be liable for damages in any event where the premises cannot be occupied on the prescribed date because of causes beyond Landlord's control. I authorize the person to whom this application is made and any credit bureau, police department or other investigative agency employed by such person to investigate any references herein listed or statements or other data obtained from me or from any other source pertaining to my credit or financial responsibility. I also authorize the person to whom this application is made (including his or her agents) to obtain a copy of my credit report to assist in evaluating my application and, thereafter, to obtain and use in attempting to collect unpaid rent, late fees, or other charges from me. I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IN RESPONSE TO THE QUESTIONS CONTAINED IN THIS APPLICATION IS TRUE. I FURTHER CERTIFY THAT I HAVE READ THE CONDITIONS CONTAINED AT THE BOTTOM OF THE APPLICATION FORM, THAT I UNDERSTAND THEM, AND THAT I VOLUNTARILY SUBMIT THIS APPLICATION.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time Received: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved  Approved with Conditions: \_\_\_\_\_  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

FUNDS COLLECTED: Application Fee: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Landlord Verification**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Spoke To: \_\_\_\_\_

Status / Notes: \_\_\_\_\_

**Employer Verification**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Spoke To: \_\_\_\_\_

Status / Notes: \_\_\_\_\_