

RENTAL APPLICATION FORM

901 Argonne Ave, Apartment B

This application is accompanied by a check or money order for earnest money in an amount equal to the first month's rent. If your application is accepted, the check will be deposited and this money will be your one-month Security Deposit and you must pay for your first month's rent at the start of the rental period. If your application is not accepted, your check will be returned.

Last Name: _____ First: _____ Middle: _____

Social Security: _____ Date of Birth: _____

Current Address: _____

How long there? _____ Reason for leaving: _____

Name of Owner or Agent: _____

Phone number for Owner or Agent: _____

Previous Address: _____

How long there? _____ Reason for leaving: _____

Name of Owner or Agent: _____

Phone number for Owner or Agent: _____

Employer: _____ How Long: _____

Employed as: _____ Phone: _____

Address: _____

Supervisor: _____

In case of emergency, name and address of two nearest relatives not living with you:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I authorize the agent for owner of this property to verify the above information and obtain a credit report. I understand that when my application is accepted, the accompanying earnest money check will be deposited, but that if my application is not accepted, my check will be returned uncashed. I certify that there are sufficient funds in my account to cover the earnest money check which is being tendered with this application. This is an equal housing opportunity.

Date: _____ SIGN HERE: _____ Phone: _____