

## Rental Application

1600 Toronto Rd ◆ Springfield, IL 62712 ◆ tel 217-529-2900 ◆ fax 217-529-2925

(NOTE: Each adult person that will reside in the rental property (occupants) must complete and sign a separate application form)

(NOTE: All requests for information as set forth in this Application must be provided and any omission or misrepresentation of any information is automatic grounds for rejection of this application)

(NOTE: Lessor does not deny or reject applications on the basis of race, color, religion, national origin, sex, ancestry, age, marital status, physical or mental handicap, familial status or any other class protected by Article 3 of the Illinois Human Rights Act or federal law.)

vate of Dirtii///	ocial Security No		Phone ( <u>)</u> _ E-mail		
Priver's Lisc. No. /State	Rela	ationship			
Values of All Minor Occupantsotal Number of Occupants					
PLEASE GIVE YOUR RESI	DENCE HISTORY FO	R THE PAST	3 YEARS (Beginni	ng With T	he Most Current
CURRENT ADDRESS	City		State_	Z	ip
Month and Year Moved In	Reason for	Leaving			
CURRENT ADDRESS Month and Year Moved In Owner or Manager	Phone (	)	Monthly	Rent \$	
REVIOUS ADDRESS (If within 3 Month and Year Moved InOwner or Manager	years)	City _		State	Zip
Month and Year Moved In	Moved Out	Rea	ason for Leaving		
Owner or Manager	Phone (	)	Monthly	Rent \$	
REVIOUS ADDRESS (If within 3 Month and Year Moved InOwner or Manager	years)	City _		State	Zip
Month and Year Moved In	Moved Out	Rea	ason for Leaving		
Owner or Manager	Phone (	)	Monthly	Rent \$	
PLEASE GIVE US YOUR E	MPLOYMENT HISTO	RY			
OUR STATUS: Employed	Full-Time Employe	ed Part-Time	Student	Retired	Not Employed
CURRENT EMPLOYER (Or Most	Recent)				
Address			Phone (	)	
D : () D 1 1/D	To		Position		
Date(s) Employed/From		Yo	our Gross Monthly Sa	lary \$	
Address			•		
REVIOUS EMPLOYER					
REVIOUS EMPLOYER			Phone (		
REVIOUS EMPLOYER			Phone (		
REVIOUS EMPLOYER			Phone (		
REVIOUS EMPLOYER	To		Phone (		
REVIOUS EMPLOYERAddressDate(s) Employed/FromSupervisorPLEASE LIST YOUR INFO	ToTo	Yo	Phone ( Position Our Gross Monthly Sa	) lary \$	
REVIOUS EMPLOYER Address Date(s) Employed/From Supervisor	ToTo	Yo	Phone ( Position Our Gross Monthly Sa	) lary \$	

CONTINUED ON REVERSE SIDE

IN CASE OF PERSONAL EMERGENCY, NOTIFY: Relationship Full Address: Home Phone: Work Phone: Work Phone: Work Phone: Phone: Address: Home Phone: Work Phone: Ph			One):  yes no NOTE	There is a two (2) animal l	limit. If "Yes", all o	f the following i	nformation
IN CASE OF PERSONAL EMERGENCY, NOTIFY:				Name:	Color:	Age (Years):	Weight (Lbs
IN CASE OF PERSONAL EMERGENCY, NOTIFY:		71:				3: ( 3: 3)	3 (
Full Address:   Work Phone:   Work Phone:	No. 2						
Full Address:   Home Phone:     Work Phone:							
Home Phone:	IN CAS	SE OF PERSONAL	EMERGENCY, NOTIFY	7.	Relations	ship	
By signing this document, I the undersigned applicant consents to and authorizes Apartment Mart of Springfield, Inc., its employees, contractors and agents, to obtain a copy of my credit report/history from the Credit Bureau or other any other applicable or similar consumer reporting agency and/or obtain any information from my current or any previous lessor or any other source.  By signing this document, I the undersigned applicant understand that it is not a lease agreement, that no lease agreement is created herein and that I am at most a prospective tenant or occupant.  By signing this document, I the undersigned understand my security deposit will not be refunded unless my application denied. If Apartment Mart of Springfield, Inc. approves this application and a deposit is placed then it is non-refundab.  By signing this document, I understand that in the event that my application and a deposit is placed then it is non-refundab.  By signing this document, I understand that in the event that my application and a deposit is placed then it is non-refundab.  By signing this document, I represent that I have answered the above questions fully and truthfully. I understand that any misrepresentation of information on this application is grounds for eviction pursuant to the terms of the lease agreement.  Signature of Applicant  Pote Signed/	Home l	ldress: Phone:		Work Phone:			
Action Date (MM/DD/YY): Staff (Initial)  Received Application for completion of all information:  Checked Application for signature:  Checked Application For other adult occupants separate application(s):  Collected Application Process Fee (One Fee Per Applicant):  Background Checklist:  Action Date (MM/DD/YY): Staff (Initial)  Checked Court Records  Checked Court Records  Checked Employment:	emple applie other  By si create  By si denie	oyees, contractors and cable or similar consustance.  gning this document, ed herein and that I and gning this document ed. If Apartment Ma	I agents, to obtain a copy of r mer reporting agency and/or I the undersigned applicant un at most a prospective tenan , I the undersigned underst rt of Springfield, Inc. appro	ny credit report/history from obtain any information from the standard and the standard and my security deposit where this application and a standard and and a standard an	n the Credit Bureau m my current or any ase agreement, that r will not be refunded a deposit is placed t	or other any other previous lessor no lease agreement unless my appehen it is non-re	ner or any ent is  clication is
Action Date (MM/DD/YY): Staff (Initial)  Received Application:	➤ By si	ant that I must comply gning this document,	with all pre-possession cond I represent that I have answe	ditions of the lease agreeme red the above questions full	nt. y and truthfully. I u	nderstand that a	ny
> Received Application: / / / / / / / / / / / / / / / / / / /	<ul><li>By significant</li><li>By significant</li><li>Signature</li></ul>	ant that I must comply gning this document, presentation of inform of Applicant	with all pre-possession cond I represent that I have answe nation on this application is g	ditions of the lease agreeme red the above questions full grounds for eviction pursual	nt. ly and truthfully. I u nt to the terms of the	nderstand that a	ny nt.
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