

**RENTAL APPLICATION FOR \_\_\_\_\_**

*A \$25.00 non-refundable application fee is required for investigation*

Instructions: A separate application must be completed by each applicant (even if married). Completely fill out each blank and sign where indicated.  
**Fax to 847-356-3311 or email to robertfrankrealestate@gmail.com**

**PERSONAL**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LICENSE\* ST \_\_\_\_\_ # \_\_\_\_\_

*\*Attach copy of drivers license or state ID card*

**ADDRESSES**

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

RENT / MONTH \_\_\_\_\_ PRESENT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

IS RENT UP TO DATE  YES  NO    HAVE YOU GIVEN NOTICE?  YES  NO    HAVE YOU BEEN ASKED TO LEAVE?  YES  NO

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

RENT / MONTH \_\_\_\_\_ PRESENT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WAS RENT UP TO DATE  YES  NO    HAD YOU GIVEN NOTICE?  YES  NO    HAD YOU BEEN ASKED TO LEAVE?  YES  NO

NEXT PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

RENT / MONTH \_\_\_\_\_ PRESENT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WAS RENT UP TO DATE  YES  NO    HAD YOU GIVEN NOTICE?  YES  NO    HAD YOU BEEN ASKED TO LEAVE?  YES  NO

**WHO WILL BE RESIDING IN THE UNIT?**

NUMBER TO OCCUPY \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PETS  YES  NO    IF YES, GIVE DETAILS (#, TYPE, SIZE) \_\_\_\_\_

**VEHICLES**

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ STATE \_\_\_\_\_ PLATE \_\_\_\_\_ LIEN HOLDER \_\_\_\_\_

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ STATE \_\_\_\_\_ PLATE \_\_\_\_\_ LIEN HOLDER \_\_\_\_\_

**EMPLOYMENT**

EMPLOYER \_\_\_\_\_ SINCE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WHAT DO YOU DO? / JOB / TITLE \_\_\_\_\_ WORK HRS. / WEEK \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ SINCE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WHAT DO YOU DO? / JOB / TITLE \_\_\_\_\_ WORK HRS. / WEEK \_\_\_\_\_

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**INCOME**

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CURRENT INCOME \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly SOURCE \_\_\_\_\_  
CURRENT INCOME \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly SOURCE \_\_\_\_\_  
CURRENT INCOME \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Yearly SOURCE \_\_\_\_\_  
BANK / CREDIT UNION \_\_\_\_\_ ACCT. # \_\_\_\_\_  
BANK / CREDIT UNION \_\_\_\_\_ ACCT. # \_\_\_\_\_

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**REFERENCES**

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RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
NON- RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
NON- RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

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**CREDIT ACCOUNTS**

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CURRENT (OPEN) INCLUDE CREDIT CARD(S)	CURRENT?
CREDITOR'S NAME _____ ACCT. # _____ PMT. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDITOR'S NAME _____ ACCT. # _____ PMT. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDITOR'S NAME _____ ACCT. # _____ PMT. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDITOR'S NAME _____ ACCT. # _____ PMT. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDITOR'S NAME _____ ACCT. # _____ PMT. \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Explain any "YES" answers on back with names and details.

Have you ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been sued for eviction? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you even been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever broken a lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the <u>total</u> move-in amt. available now ? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a registered sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name in which gas bill is now billed and account number \_\_\_\_\_ # \_\_\_\_\_  
Name in which electric bill is now billed and account number \_\_\_\_\_ # \_\_\_\_\_  
Name in which telephone bill is now billed and account number \_\_\_\_\_ # \_\_\_\_\_  
Name in which sewer/water bill is now billed and account number \_\_\_\_\_ # \_\_\_\_\_

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Applicant authorizes the owner the contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT

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*If you have a question about the interpretation or legality of this form, please consult an attorney or other qualified person.*