



1601 E. Florida Ave, Urbana, IL 61802

RENTAL APPLICATION

Each co-resident, each occupant over 18 years old and guarantor must submit a separate application.

TYPE OF APARTMENT YOU ARE APPLYING FOR: 2 BEDROOM 3 BEDROOM

APPLICANT INFORMATION

APPLICANT NAME LAST FIRST MIDDLE SSN# BIRTH DATE

PRESENT ADDRESS () OWN () RENT CITY STATE/ZIP MONTHLY RENT/MORTGAGE

CURRENT PHONE NUMBER E-MAIL ADDRESS

PRESENT LANDLORD/PROPERTY/MORTGAGE CO. ADDRESS PHONE # HOW LONG AT PRESENT ADDRESS

PERMANENT ADDRESS CITY STATE/ZIP COUNTRY

FULL TIME STUDENTS, PLEASE CHECK HERE: SCHOOL NAME: _____

II. ROOMMATES (ALL PERSONS /ROOMMATES WHO WILL OCCUPY APARTMENT)

NAME	SEX M/F	AGE	RELATIONSHIP TO YOU	PHONE NUMBER

III. EMPLOYMENT Complete if applying to be your own guarantor

NAME	EMPLOYER/ADDRESS/CITY/STATE	ANNUAL INCOME	DATE OF EMPLOYE-MENT	POSITION	PHONE #	SUPERVISOR

IV. OTHER INCOME Complete if applying to be your own guarantor. List all other types of income such as Financial Aid, Alimony, Child Support, Social Security, Pensions, Disability Compensation, Unemployment Compensation, Welfare, SSI or Recurring Contributions or Gifts Regularly Received or Investments, etc.

NAME	TYPE OF INCOME	ANNUAL AMOUNT

Do not include Reimbursable Medical Expenses, Foster Childcare Payments, Income from the Employment of Children under the age of 18, Inheritance, or Education Scholarships.

V. GUARANTOR INFORMATION:

NAME RELATIONSHIP ADDRESS

PHONE NUMBER E-MAIL ADDRESS

VI. YOUR RENTAL/CRIMINAL HISTORY

Have you ever: been () evicted or asked to move out? () broken a rental agreement or lease contract? () declared bankruptcy? () been sued for nonpayment of rent? () been sued for damage to rental property? () been convicted of a felony? () received deferred adjudication for a felony? Please indicate the year, location and type of each felony. We may need to discuss more facts before making a decision _____

You represent the answer is "no" to any item not check above.

**APPLICATION FOR RESIDENCY
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VII.

EMERGENCY *Emergency contact person over 18, who will not be living with you:*

Name: _____
Address: _____
City/State/Zip: _____
Workphone: _____ Homephone: _____
Relationship: _____ Allergies: _____ Family Physician: _____ Phone #: _____

If you are seriously ill, missing, or in jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more): () the above person () your spouse, and/or () your parent to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense or provide the information above. We're not legally obligated to do so.

**THIS SECTION IS VERY IMPORTANT!
APPLICANT(S) MUST READ, UNDERSTAND, AND SIGN THIS STATEMENT**

VIII. LEASE PROVISIONS

Applicant hereby agrees as follows:

Applicant has paid a non-refundable administrative fee in the amount of \$_____ and a non-refundable application fee in the amount of \$_____ simultaneously with the execution of this Application.

Applicant understands that, in consideration of this Application, Landlord has taken a rental space off of the market and reserved it specifically for Applicant pending the processing of this Application and, unless the Application is rejected, pending the execution and return of all lease documents.

If Applicant is not approved by Landlord, the Security Deposit will be refunded in full.

If Applicant is approved by Landlord:

- (i) Guarantor Form shall be completed, executed and returned to Landlord within 10 days after Applicant submits Deposit and application. Landlord may cancel this Application and retain the full Deposit as liquidated damages in the event Applicant fails to return the properly executed documents within such 10 day period.
- (ii) Landlord shall have a reasonable time after receipt of the executed documents to verify that they are properly completed and to investigate the Applicant's proposed guarantor. Within 5 days after notice from Landlord, which notice may be in person or by telephone, or in writing. Applicant shall have any incomplete or improperly completed and executed documents completed and any unacceptable guarantor replaced with an acceptable guarantor. Otherwise, Landlord may cancel this Application and retain the Deposit as liquidated damages; and
- (iii) Once all documents including, but not limited to, Guarantor Form, are fully executed and approved by Landlord, the Deposit shall serve as a security deposit in accordance with Illinois statutes and the terms and conditions of the lease.

Applicant may not take possession of the apartment until: (a) all lease documents including, but not limited to, Guarantor Form, are properly executed by all parties and delivered to Landlord; (b) rent is paid to Landlord in accordance with Lease; and (c) apartment/bedroom is available.

Applicant understands and acknowledges that a specific apartment and bedroom will not be assigned until all roommates are approved by Landlord. If applicable, the Applicant will hereby certify that he/she is the legal guardian of a minor(s) and hereunder identifies the name(s) and date(s) of birth of each in order to assist in roommate matching. Indicate N/A if no minor(s) will be residing with the Applicant.

The information provided in this Application is true, correct and complete. Any misstatement or omission of fact in this Application may result in termination of my Lease for cause.

Time is of the essence with respect to the agreements set forth in this Application.

The undersigned hereby authorize Landlord to obtain credit reports and conduct such other investigations of Applicant and /or Guarantors, as Landlord deems necessary in connection with this Application and leasing of the Apartment to Applicant.

APPLICANT DATE

WITNESSED BY STAFF MEMEBER DATE
