

COUNTRY FAIR APARTMENTS LEASE APPLICATION DATE: _____ APT.#: _____

APPLICANT'S NAME: _____ S.S.#: _____

BIRTHDATE: _____ SEX: _____ DRIVER'S LIC. #: _____ STATE _____

SPOUSE'S NAME: _____ S.S.# _____

BIRTHDATE: _____ SEX: _____ DRIVER'S LIC.# _____ STATE _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE #: (_____) _____ RENTING? _____ MOVE-IN DATE: _____ MOVE-OUT DATE _____

MONTHLY RENTAL AMOUNT _____ NAME OF LANDLORD _____
LANDLORD'S PHONE #: (_____) _____ REASON FOR LEAVING _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE _____ ZIP _____
MOVE-IN DATE _____ MOVE-OUT DATE _____ RENTED? _____ MONTHLY RENTAL AMOUNT _____

NAME OF LANDLORD _____ LANDLORD'S PHONE #: (_____) _____

EMPLOYMENT:

APPLICANT: CURRENT EMPLOYER'S NAME & ADDRESS: _____ ZIP _____
PHONE #: (_____) _____ DATE STARTED? _____ MONTHLY SALARY: _____
TYPE OF WORK: _____
PREVIOUS EMPLOYER'S NAME & ADDRESS: _____ ZIP _____
PHONE #: (_____) _____ DATE STARTED: _____ TO _____

OTHER INCOME: SOURCE: _____ \$ _____ PER MONTH

SPOUSE: CURRENT EMPLOYER'S NAME & ADDRESS: _____ ZIP _____
PHONE #: (_____) _____ DATE STARTED? _____ MONTHLY SALARY: _____
TYPE OF WORK _____
PREVIOUS EMPLOYER'S NAME & ADDRESS: _____ ZIP _____
PHONE #: (_____) _____ DATE STARTED: _____ TO _____

OTHER INCOME: SOURCE: _____ \$ _____ PER MONTH

STUDENT: APPLICANT: U OF I: _____ PARKLAND: _____ WHAT YEAR? _____ DEPT. _____ PHONE: _____
SPOUSE: U OF I: _____ PARKLAND: _____ WHAT YEAR? _____ DEPT. _____ PHONE: _____

(STUDENTS OR OTHERS WITH INSUFFICIENT INCOME WILL NEED AN APPLICATION FORM TO PROVIDE A CO-SIGNER UPON REQUEST OF COUNTRY FAIR APARTMENTS.)

GIVE NAME, DATE OF BIRTH AND RELATIONSHIP OF ALL PERSONS, (OTHER THAN YOURSELF), WHO WILL OCCUPY THE APARTMENT, EITHER FULL OR PART-TIME. OCCUPANTS 18 OR OLDER MUST COMPLETE A SEPARATE APPLICATION BEFORE APPROVAL CAN BE GIVEN.

CREDIT REFERENCES: List all charge accounts, credit cards and loans you have:

NAME	ADDRESS	BALANCE OWED	MONTHLY PAYMENT	PAID AS AGREED (Yes or No)

BANK: _____ ADDRESS: _____ TYPE OF ACCT.: _____

IN CASE OF EMERGENCY, PERSON WHO MAY HAVE APARTMENT KEY: _____
PHONE #: (_____) _____ ADDRESS: _____
RELATIONSHIP TO YOU: _____

NUMBER OF VEHICLES: AUTOS: _____ TRUCKS: _____ MOTORCYCLES: _____ OTHER(SPECIFY): _____
(WE DO NOT ALLOW VEHICLES WITH MORE THAN TWO AXLES.)
LICENSE PLATE NUMBER FOR EACH VEHICLE: _____ /STATE: _____ /STATE: _____

WILL YOU OR THE OTHER OCCUPANTS HAVE A PET? _____ KIND, WEIGHT, BREED & AGE: _____
WILL YOU OR THE OTHER OCCUPANTS HAVE A WATERBED? NO _____ YES _____ (REQUIRES INSURANCE)

HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED: _____ EVER BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? _____
EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? _____
EVER FILED BANKRUPTCY? _____ IF YES, WHEN? _____

EVER BEEN CONVICTED OF A FELONY? PLEASE EXPLAIN (STATE, YEAR, LOCATION AND TYPE OF EACH FELONY): _____

SPECIAL CONDITIONS OR REQUESTS _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information herein will constitute grounds for rejection of this application, termination of right of occupancy and or forfeiture of deposits and may constitute a criminal offense. Applicant agrees to the terms of the "Application Deposit Agreement" below.

APPLICATION DEPOSIT AGREEMENT

APPLICANT HAS DEPOSITED AN "APPLICATION DEPOSIT" (IN THE AMOUNT STATED BELOW) IN CONSIDERATION FOR OWNER'S TAKING THE DWELLING UNIT OFF THE MARKET WHILE CONSIDERING APPROVAL OF THIS APPLICATION. IF APPLICANT IS APPROVED AND THE CONTEMPLATED LEASE IS ENTERED INTO, THE APPLICATION DEPOSIT SHALL BE CREDITED TO THE REQUIRED DAMAGE DEPOSIT. IF APPLICANT IS APPROVED BUT FAILS TO ENTER INTO CONTEMPLATED LEASE AFTER NOTICE OF SUCH APPROVAL, THE APPLICATION DEPOSIT SHALL BE FORFEITED. THE APPLICATION DEPOSIT WILL BE REFUNDED ONLY IF APPLICANT IS NOT APPROVED. KEYS WILL BE FURNISHED ONLY AFTER LEASE AND OTHER RENTAL DOCUMENTS HAVE BEEN PROPERLY EXECUTED BY ALL PARTIES AND ONLY AFTER APLICABLE RENTALS AND DAMAGE DEPOSITS HAVE BEEN PAID.

APPLICANT'S SIGNATURE _____ SPOUSE'S SIGNATURE _____

LEASING AGENT: _____ DATE _____

FOR OFFICE USE ONLY:

CLAUSES: CO-SIGNER _____ PET ADDENDUM _____ JOB TRANSFER _____ HOME PURCHASE _____ OTHER _____

APPLICATION DEPOSIT: \$ _____ RECEIPT NO. _____ RENT PER MONTH _____

BAL. OF DAMAGE DEPOSIT: \$ _____ LEASE TERM: _____ FROM _____ TO _____

PRO-RATED AMOUNT OF RENT - MONTH: \$ _____ TYPE OF APARTMENT: _____

FULL _____ MONTH RENT: \$ _____ MOVE-IN DATE _____ FURNISHED _____

BATH WINDOW CURTAIN: \$ _____

TOTAL OWED PRIOR TO OCCUPANCY: \$ _____ RECEIPT NO. _____

HOW WERE YOU REFERRED TO COUNTRY FAIR APARTMENTS? (Please circle one) NEWS GAZETTE _____ DAILY ILLINI
PARKLAND _____ U OF I HOUSING DEPT. _____ FORMER RESIDENT (Name) _____
CURRENT RESIDENT _____ APT. BLUE BOOK _____ DROVE BY AND CAME IN
OTHER _____

CREDIT CHECK RESULTS: ACCEPTED _____ REJECTED _____

FOLLOWING HAS BEEN GIVEN TO RESIDENT:

LEASE _____ DATE _____

APPLICATION(S) _____ DATE _____

NOTIFICATION OF APPROVAL _____ DATE _____

LANDLORD VERIFICATION _____

RENT AMOUNT: \$ _____ NUMBER OF LATE RENTAL PAYMENTS: _____

NUMBER OF NSF CHECKS: _____ WOULD YOU RENT TO RESIDENT AGAIN? _____

ANY COMPLAINTS REGISTERED AGAINST RESIDENT OR OCCUPANTS? EXPLAIN. _____

LANDLORD
VERIFICATION

RENT AMOUNT: \$ _____ NUMBER OF LATE RENTAL PAYMENTS: _____

NUMBER OF NSF CHECKS: _____ WOULD YOU RENT TO RESIDENT AGAIN? _____

ANY COMPLAINTS REGISTERED AGAINST RESIDENT OR OCCUPANTS? EXPLAIN. _____

EMPLOYMENT
VERIFICATION

HIRE DATE _____ INCOME \$ _____

EMPLOYMENT
VERIFICATION

HIRE DATE _____ INCOME \$ _____