

RENTAL APPLICATION

Woodcreek Apartments

Phone 847-669-1800 Fax 847-960-5604

Applicant

First	Middle	Last
Name:		
SSN:		DOB:
<i>Provide copy of I.D.</i>		
Driver's License #:		
E-Mail Address		
Home Phone: ()		
Cell Phone: ()		
Relation to Co-Applicant:		
Present Applicant Residency		
Address:		
City:		State:
Zip:		
Date From:		To:
Monthly Rent:		Deposit:
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Previous Applicant Residency		
Address:		
City:		State:
Zip:		
Date From:		To:
Monthly Rent:		Deposit:
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		

Co-Applicant

First	Middle	Last
Name:		
SSN:		DOB:
<i>Provide copy of I.D.</i>		
Driver's License #:		
E-Mail Address		
Home Phone: ()		
Cell Phone: ()		
Relation to Applicant:		
Present Co-Applicant Residency		
Address:		
City:		State:
Zip:		
Date From:		To:
Monthly Rent:		Deposit:
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Previous Co-Applicant Residency		
Address:		
City:		State:
Zip:		
Date From:		To:
Monthly Rent:		Deposit:
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		

Applicant Employer (provide 2 most current pay stubs)	
Employer Name:	
Address:	
City:	State:
Zip:	
Phone #: ()	
Since:	
Position:	Monthly Net Income: \$
Supervisor:	
List Other Income	
Have you filed Bankruptcy?	If so, when?
Have you ever been evicted?	
Do you have any Pets?	If yes, provide details:
Cats allowed for an additional fee and at Landlord's discretion. NO DOGS ALLOWED ON PROPERTY	
No waterbeds allowed.	
Do you have the required security deposit and first month's rent?	
Provide 2 most current bank statements	
Savings & Checking Accounts	
Name of Bank / Acct # / Balance Amt / Type	
Monthly Payments (other than utility i.e., car/credit cards)	
Name of Lender:	
Phone #:	
Acct #:	
Current Balance:	
Monthly Payment:	
Number of Payments Left:	
Personal References (other than relatives)	
Name:	
Address:	
Phone #:	
Relationship:	
Name, relationship, phone # and address of nearest relative not living with you:	

Co-Applicant Employer (provide 2 most current pay stubs)	
Employer Name:	
Address:	
City:	State:
Zip:	
Phone #: ()	
Since:	
Position:	Monthly Income:\$
Supervisor:	
List Other Income	
Have you filed Bankruptcy?	If so, when?
Have you ever been evicted?	
Do you have any Pets?	If yes, provide details:
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Name of Lender:	
Phone #:	
Acct #:	
Current Balance:	
Monthly Payment:	
Number of Payments Left:	
Personal References (other than relatives)	
Name:	
Address:	
Phone #:	
Relationship:	
Name, relationship, phone # and address of nearest relative not living with you:	

In case of emergency contact:		In case of emergency contact:	
Name:	Phone # ()	Name:	Phone # ()
Occupants (all parties to occupy dwelling regardless of age)			
Full Name	Date of Birth	Social Security #	Relationship
			Income & source (if any)
Vehicle (s)			
Make	Model	Year	License Plate #
Owned By			

This application must be filled out completely to be considered for screening.

This application will be made a part of the lease entered into by the applicants and landlord if approved.

This application is made subject to approval of Plote Property Management, LLC and may without cause be disapproved.

It has been agreed that such disapproval shall not be considered a reflection upon applicant.

The applicants certify that all information on this application is true, and authorize landlord to verify the information herein furnished, interview the present and previous landlords, verify employment, and process credit reports on applicants.

By signing below the applicants acknowledge they have been advised of their right under section 606b of the Fair Credit Reporting Act.

Applicant Signature

Date

Co-Applicant Signature

Date