

LINDEN TOWERS APARTMENTS

APPLICATION FOR LEASE



24 S. Addison St, Bensenville, IL 60106 / Phone: 630.595.2420 Fax: 630.238.8908
www.lindentowers.com

DATE:
APPLICANT 1 NAME:
APPLICANT 2 NAME:
Apartment Number:
Parking Number - Storage Number/Floor:
Move-In Date (must be within 60 Days of Deposit):

FOR OFFICE USE:

APPLICATION FEE (NON REFUNDABLE):	\$	CREDIT INFORMATION: CREDIT REPORT CALLED? YES NO
SECURITY DEPOSIT (NON REFUNDABLE AFTER 72 HOURS-BECOMES PART OF S/D AT LEASE SIGNING):	\$	
ADDITIONAL DEPOSITS: (DESCRIBE)	\$	
MONTHLY RENT:	\$	
MONTHLY INCOME (3x RENT):	\$	
UTILITY CHARGE:	\$	
LEASE START DATE:	NUMBER OF TENANTS:	
PACKAGE DATE/TIME:	NUMBER OF CARS:	
ELEVATOR DATE/TIME:	LENGTH OF LEASE:	

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<u>APPLICANT 1 NAME:</u>
BIRTH DATE:
DRIVERS LICENSE/VISA (copy attached):
SOCIAL SECURITY #:
EMAIL:
PHONE:
ADDRESS:
<u>APPLICANT 2 NAME:</u>
BIRTH DATE:
DRIVERS LICENSE/VISA (copy attached):
SOCIAL SECURITY #:
EMAIL:
PHONE:
ADDRESS:

PERSONS TO OCCUPY APARTMENT (LIST NAMES / RELATIONSHIP / SS#'S, ATTACH PHOTO):
HOW DID YOU HEAR ABOUT US?
PETS YES / NO - DESCRIBE:
ANY WATERBED, FISH TANK, DISABILITY, SPECIAL NEED? DESCRIBE:
HAVE YOU EVER BEEN EVICTED, CONVICTED, PLEAD GUILTY, NO-CONTEST, RECEIVED PROBATION, DEFERRED ADJUDICATION, COURT SUPERVISION, RETRIAL DIVERSION FOR A FELONY, SEX RELATED CRIME OR MISDEMEANOR ASSAULT AGAINST ANOTHER PERSON? EXPLAIN:
OTHER SOURCES OF INCOME- EXPLAIN AMOUNT, TERMS (P-T JOB, ASSISTANCE, CHILD SUPPORT, DISABILITY, GIFTS, PENSIONS, SAVINGS):

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I hereby apply for and offer to lease the apartment described herein for the lease term stated, at the rental and upon the terms and conditions set forth herein and in Owner's standard lease form. I warrant that all representations in this application are true and correct.

1. I understand that occupancy of the apartment is limited to persons listed under "persons to occupy apartment." I understand that if children are occupants of the premises it is my responsibility to supply adequate supervision at all times.
2. Simultaneously with the execution of the application I will make a deposit in the sum required and pay a \$50 charge for an investigative report, it is being understood that the charge for the investigative report is not refundable. Upon execution of the lease by me it is understood that the Owner will retain the deposit and apply it to the security deposit under the terms and conditions contained in the lease. It is further understood that at the time I execute the lease on the premises I will pay the first month's rental and the balance of the Security Deposit. I understand that a covenant of the lease requires rental payments on or before the first day of each and every month in advance.
3. I agree that the Owner may retain said deposit as liquidated damages for its costs and expenses, and not as a penalty, if for any of the representations made by me herein are false. I further agree that my deposit is non-refundable (except for the provision of paragraph 5 herein) and the deposit will be retained if I do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).
4. I agree that Owner will refund said deposit to me if the apartment specified (or any other apartment mutually agreed upon) is not available, or if the Owner for any reason rejects this application.
5. I understand that I acquire no rights on any apartment until I sign a lease in the form submitted to me; until all moneys are paid to the Owner as set forth above; and the lease is executed by the Owner.
6. As is customary in the business, I understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.
7. I understand that my application may be rejected if during the investigation there are found to be judgments, lien(s), or bankruptcy in my personal credit history or any Felony Convictions / Sexual Predator Convictions in my criminal check.
8. I agree to submit to Owner a valid photo identification (such as a state driver's license) that will be photocopied and made a part of this application.
9. I understand that waterbeds, fish tanks and, pets are not allowed without prior written authorization.

AUTO INFORMATION (MAKE /YEAR /COLOR /LICENSE NO. /STATE /MONTHLY PAYMENT AMOUNT):	
NAME, RELATIONSHIP, PHONE OF NEAREST RELATIVE:	
NAME, RELATIONSHIP, PHONE OF PERSONAL REFERENCE (NOT A RELATIVE):	
APPLICANT 1 SIGNATURE	
APPLICANT 2 SIGNATURE	

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EMPLOYMENT VERIFICATION INQUIRY – CONFIDENTIAL

TO BE COMPLETED BY APPLICANT:

EMPLOYER'S NAME:	
EMPLOYER'S PHONE / FAX#:	
APPLICANT'S NAME:	
APPLICANT'S (LAST 4) SS#	
APPLICANTS MONTHLY SALARY:	\$
APPLICANT'S POSITION / DEPARTMENT:	
APPLICANT'S DATES OF EMPLOYMENT:	
<p>As is customary in the business, I understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.</p>	
<p>APPLICANT'S SIGNATURE / DATE: _____</p>	

EMPLOYMENT VERIFICATION INQUIRY – CONFIDENTIAL

TO BE COMPLETED BY EMPLOYER:

<p>The person above has applied for housing at Linden Towers Apartments. Please indicate if the information above is correct and/or explain any differences. We appreciate your immediate attention to this matter. Please feel free to call us for more information. See authorization release above.</p>
<p>_____ All of the above information is correct.</p> <p>_____ The above information is not correct for the following reasons:</p>
<p>EMPLOYER'S SIGNATURE/DATE: _____</p>
<p>EMPLOYER'S NAME/TITLE: _____</p>

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HOUSING VERIFICATION INQUIRY – CONFIDENTIAL

TO BE COMPLETED BY APPLICANT:

LANDLORD'S NAME:	
LANDLORD'S PHONE/FAX:	
APPLICANT'S NAME:	
APPLICANT'S CURRENT ADDRESS:	
APPLICANT'S MONTHLY COST OF HOUSING (RENT):	
OCCUPANCY SINCE: (MOVE-IN/MOVE-OUT DATES)	
NUMBER OF OCCUPANTS / PETS (DESCRIBE):	
I am/was a tenant in good standing with no late payments, termination notices or other complaints.	YES / NO, EXPLAIN:
<p>As is customary in the business, I understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.</p>	
<p>APPLICANT'S SIGNATURE / DATE: _____</p>	

HOUSING VERIFICATION INQUIRY – CONFIDENTIAL

TO BE COMPLETED BY LANDLORD:

<p>The person above has applied for housing at Linden Towers Apartments. Please indicate if the information above is correct and/or explain any differences. We appreciate your immediate attention to this matter. Please feel free to call us for more information. See authorization release above.</p>
<p>_____ All of the above information is correct. _____ The above information is not correct for the following reasons (note any late payments, Termination Notices, Other Complaints...):</p>
<p>LANDLORD'S SIGNATURE/DATE: _____</p>
<p>LANDLORD'S NAME/TITLE: _____</p>