RENTAL APPLICATION

John A. Turnbull 109 E Holland Washington, IL 61571

his Application is made to rent premises known as:
09 E. Holland St
Vashington, IL 61571
or a term of One Year.
Desired date of occupancy:
Desired length of occupancy:
lo. of Bedrooms:
Reason for moving:
The monthly rent shall be \$payable in advance.
he following deposits are required: - Security deposit of the first month's rent \$
he deposit will be returned to the Applicant if the Premises are not rented to the Applicant.
he total amount of \$ shall be due upon signature of the lease.
is also understood that if the Application is not accepted, or if the premises are not ready for occupancy the Applicant on the beginning date specified above, the deposit shall be returned to the Applicant, pon the Applicant's request.
The Applicant understands that the Landlord may perform a credit check to verify the Applicant's credit eferences and credit history in connection with the processing of this Rental Application.
lame:
PRESENT ADDRESS:
low long:
low long: lome Phone No.: ()
andlord's Name:
Phone No.: ()
Phone No.: ()Current rent payment:
lo. of occupants: Adults: Children:
Io. of occupants: Adults: Children: Vater bed: Yes No
Smokers: Yes No
Pets: Yes No

PRIOR ADDRESS:		_
How long:		
Landlord's Name:		
Phone No.:		-
Phone No.:Rent payment:		
Reason for moving:		_
SSN:		
Driver's License No :		
SSN: Driver's License No.: Vehicle Model:	Year:	
License No.:		
License No.: Vehicle Model:	Year:	
License No.:		
Employer		
Publose:		-
Address:	How long:	_
Supervisor:	How long:Business Phone: ()	
Annual Income: \$		_
Source of Income:		
Wages	\$	
Salary	\$	
Commission	\$	
Tips	\$	
Gov't assistance	\$	
Child support/Alimony	\$	
Other	\$	
PRIOR EMPLOYER:		
Position:	How long:	
Supervisor:	How long: Business Phone: ()	
Annual Income:		
NEAREST RELATIVE NOT LIVING	WITH YOU:	
Name:		
Address:		
Home Phone No.: ()Relationship:		
NCIALIUI ISI IID.		

PERSONAL REFERENCES: Name: _____ Address: Phone No.: (____) Relationship: Name: _____ Address: ____ Phone No.: (____)____ Relationship: BANK REFERENCES: Name: _______Branch: ______Account No.: _____ Name: _____ Branch: Account No.: **CREDIT REFERENCES:** Credit Card Name: Issuing Bank: Account No.: Balance owed: Expiration date: Credit limit: Monthly payment: Year Issued: Credit Card Name: Issuing Bank: _____ Account No.: Credit limit : Balance owed: Monthly payment: Year Issued: Year Issued: Credit Purchases (e.g. store account) Name: _____ Account No.: _____ Credit limit: ____ Balance owed: Monthly payment: Do you own real estate? Yes ____ No ___ If yes, please explain where: Have you ever been evicted from any rental premises? Yes ____ No ____ If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due?

Yes		If yes, please explain:		_ _ _
		If yes, please explain:	rrupt your income or ability to pay rent?	- -
SEPAR	RATE REN	NTAL APPLICATION FORM.	THE PREMISES, THEY WILL NEED TO Iding children and anyone who will live to	
Name: Present How load	ary basis. t Address	:: Home Phone No.: (_)	
Present How loa	t Address ng:	: Home Phone No.: () D: School:	-
I repres	sent that t	he information provided in th n A. Turnbull is authorized to	nis Application is true and correct to the verify the references and employments. I acknowledge receipt of a copy of the	t information given in
Applica	nt's Signa	ature	Date	
Co-App	olicant's S	ignature	Date	

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, OR DISABILITY. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant(s) may be used by John A. Turnbull to determine whether to accept this Application. Upon written request within 60 days, John A. Turnbull will disclose to the Applicant in writing the nature and scope of any investigation John A. Turnbull has requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted:	Refused:	
Ву:		

John A. Turnbull 109 E Holland Washington, IL 61571
Dear Employer:
We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. Please verify the information provided by the tenant by telephone or return the form to me at the above address. My phone number is (309) 444-4220. The best time to reach me is 9:00am to 5:00Pm.
Thank you for your cooperation.
John A. Turnbull
TENANT SUPPLIED INFORMATION
Prospective Tenant's Name:
Position: Wage/Salary: Length of time with above Employer: Length of time with above Employer:
I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.
Prospective Tenant's Signature:
VERIFICATION TO BE COMPLETED BY EMPLOYER
Is the employment information correct: Yes No Is this employment: Part-time Full-time Temporary Permanent
Information provided by: Title: Date:

John A. Turnbull 109 E Holland Washington, IL 61571
Please verify the following information provided in connection with a rental application by the prospective tenant named below.
Thank you for your cooperation.
John A. Turnbull
TENANT SUPPLIED INFORMATION
Name of Prospective Tenant(s):
Address
Type of Account: Checking Savings other: Account Number: Balance: \$
Type of Account: Checking Savings Other: Account Number: Balance: \$
I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is sole a matter of courtesy for which no responsibility is attached to your institution or any of your officers.
Signature of Account Holder Signature of Account Holder
VERIFICATION TO BE COMPLETED BY BANK
Type of Account: Checking Savings Other: Account Number: Balance \$ Average Balance for previous two months: \$ Date Account opened:
Type of Account: Checking Savings Other: Account Number: Balance \$ Average Balance for previous two months: \$ Date Account opened:
Signature: Date: Title: