

Metropolitan Tenant

Phone: 847-993-0114 Fax: 847-993-0115 Nikki@Tenant-Screening.com
350 S Northwest Hwy, Suite 300 Park Ridge, IL 60068 www.Tenant-Screening.com
Application for Occupancy (Page 1)

Property Information

Property Name _____ Unit Type _____ Rent \$ _____
Leasing Rep _____ Move-In Date _____ Co-Signer for _____

Applicant Information

Single Married

Last Name _____ First _____ Middle _____

Maiden or Former Names _____ SSN (Social Security Number) _____

Date of Birth _____ Email Address _____

Cell Phone _____ Daytime Phone _____

Roommates? Yes No Name of Roommates _____

SPOUSE Last Name _____ First _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Residential Information – Include information for the last 3 years. Use 2nd page if needed.

PRESENT Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

PRIOR Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

OTHER Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

Employment and Income Information

Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

PREVIOUS Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

SPOUSE Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

PREVIOUS Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

OTHER INCOME Source of Income _____ Monthly Income \$ _____

Application for Occupancy (Page 2)

Applicant Information (Please enter again in case Page 1 and Page 2 get separated)

Last Name _____ First _____ SSN _____

Additional Information

Have you ever willingly refused to pay rent? _____ If so, to whom and why? _____

Have you ever been evicted? _____ If so, to whom and why? _____

Have you ever been arrested or convicted of a crime? ___ If so, where, when and what was the charge? _____

Emergency Contact _____ Relationship _____ Phone _____

Address _____ Email _____

Character Reference _____ Relationship _____ Phone _____

Driver's License # _____ State of Issue _____

Bank _____ Checking Acct # _____

Do you have any pets? ___ Yes ___ No Type of pet _____

Do you smoke? ___ Yes ___ No

Roommate Information - If you were on lease with other individual(s).

Name of Roommate(s) also on lease **Current Address** _____

Name of Roommate(s) also on lease **Prior Address** _____

Name of Roommate(s) also on lease **Other Address** _____

Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. **Incomplete applications will not be processed.**

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than ___ days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.

Application Fee \$ _____ Deposit \$ _____ Amount Paid \$ _____ Amount Still Due \$ _____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.



Applicant's Signature

Date

Spouse's Signature

Date