

APPLICATION FOR LEASE

631 Lucinda Ave., Ofc A.
DeKalb, IL 60115

Please print

PERSONAL INFORMATION

Dwell DeKalb Realty
\$20 Application Fee
Phone: (815) 751-2546
Fax: (815) 206-8254
Web: www.dwelldekalb.com
Email: dwelldekalb@icloud.com

DATE: _____

Full Name: _____ Social Security Number: _____
Last First M.I.

Date of Birth: _____ Married _____ or Single _____ Driver's Lic. # _____

Present Address: _____
Street Apt City State Zip

Permanent Address _____
Street Apt City State Zip

Other states lived in: _____ Phone: (____) _____ Email _____

APARTMENT INFORMATION

Property interested in: _____ Date Needed: _____ Number of bedrooms _____

How many persons will occupy this apartment (including self)? _____ (Please List Below)

Name Age Relationship Name Age Relationship

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Any Pets No _____ Yes _____ Type _____ Wt _____ Age _____

EMPLOYMENT HISTORY

Mark all if apply Student _____ Employed full time _____ Employed part time _____ Unemployed _____ Retired _____

Employers Address: _____
Street Apt City State Zip

Employer name: _____ Supervisors Name: _____ Phone: (____) _____

Position: _____ From _____ to _____ Salary: _____ week / month / year

If Current Employment is less than one year, list previous employers and phone numbers:

Supervisors Name: _____ Phone: (____) _____

Other Sources of Income and Amounts _____

Student Applicants Only

School _____ Major _____ Year in School _____ Grade Point Average _____

Please provide copies of scholarships, financial aid loans, and proof of other valid income sources during the school year. If your parents/guardian are assisting you financially, please state above in "Other Sources of Income"

RENTAL HISTORY

Current Landlord: _____ Phone: (____) _____

Landlord's Address: _____
Street Apt City State: Zip

How long at this address: _____ Amount of rent _____ Reason for moving _____

If Current Landlord is less than two years, list previous landlord:

Past Landlord _____ Phone: (____) _____

Address Rented: _____ Dates Rented: _____

Have you ever filed for bankruptcy? _____ Been evicted from tenancy? _____ Broke a lease _____

Late on your rent payments? _____ Refused to pay rent when it was due? _____

Been convicted of a felony? _____ Who referred you to Dwell DeKalb? _____

Who to contact in case of emergency: _____ Phone: (____) _____

Relationship _____ Address _____

Credit History

Credit Cards _____
Name of Bank City

Checking Account: _____
Name of Bank City Account Number

I hereby authorize Owner/Agent to conduct any credit and background checks on me that the Owner/Agent deems appropriate.

Applicant name (print) Applicant signature Date

The undersigned agrees and acknowledges having received Notice of **No Agency Relationship** with Dwell DeKalb Realty, LLC.

Verification of Residency/ Employment

Phone # 815-751-2546

Fax # 815-206-8254

I hereby authorize my Landlord/ Employer and/or credit agency to disclose the information requested below to Dwell DeKalb Realty. I hereby authorize Owner/Agent to conduct any credit and background checks on me that the Owner/Agent deems appropriate.

Applicant name (print) Applicant signature LAST 4 SS#

Co-Applicant name (print) Co-Applicant signature LAST 4 SS#

Present Address: _____
Street Apt City State Zip

Please return the application to Dwell DeKalb Realty. We will contact your landlord/employer for further information. Thank you.

The below portion is to be filled out by Landlord/Employer

From: Dwell DeKalb Realty

The applicant referenced above has applied for an apartment and has indicated you as their Landlord/ Employer. Please complete the following information and return it to us at your earliest convenience.

I. Landlord Address: _____

1. Lease dates _____
2. Rent amount \$ _____ Security Deposit amount \$ _____
3. Number of late payments _____
4. Number of NSF checks in last 12 months _____
5. Have any unauthorized persons lived in this unit? _____
6. Has this resident been found with a pet? _____ Is it permitted? _____
7. Have there been any noise problems? _____
8. Have the police been called regarding the applicant or guests? _____,
If yes please explain _____
9. Has the applicant or guests acted in a physically violent or verbally abusive manner toward neighbors or staff?
If yes, please explain _____
10. Amount of security deposit refunded to tenant \$ _____ Please explain _____

11. Would you rent to this resident again? _____
12. Other problems? ie bed bugs _____
13. Are you related to this applicant? _____ If yes, how? _____

II. Employer Employee Name: _____

1. Starting date _____
2. Salary _____
3. Seasonal Part time Full time (please circle)- If part-time, how many hours/week? _____
4. Continued Employment expected? Yes No
5. Are you related to this applicant? _____ If yes, how? _____

III. Landlord/Employer Thank you for your assistance!

Signature Title Date