

CRS MANAGEMENT INC. - APPLICATION FOR RENTAL

P.O. Box 2020 – LaGrange, Illinois 60525
(Phone) 708-246-5665 (Fax) 708-246-5696

| PERSONAL INFORMATION (answer <u>all</u> questions, even if N/A) | | | |
|---|----|---------------------|--------|
| NAME | | | |
| ADDRESS | | | |
| CITY/STATE/ZIP | | | |
| CONTACT PHONE | | WORK PHONE | |
| BIRTHDATE | | SOCIAL SECURITY # | |
| DRIV LICENSE/STATE ID # | | | |
| EMAIL ADDRESS | | | |
| WHY ARE YOU MOVING? | | | |
| DATE NEEDED | | | |
| CURRENT LANDLORD | | | |
| PHONE NUMBER | | | |
| EMPLOYMENT INFORMATION | | | |
| EMPLOYER | | HOW LONG | |
| ADDRESS | | SUPERVISOR NAME | |
| CITY | | SUPERVISOR PHONE | |
| STATE/ ZIP | | WORK FAX# | |
| POSITION | | GROSS PAY PER MONTH | |
| OTHER INCOME OR BENEFITS | \$ | FROM | |
| PETS | | | |
| DO YOU HAVE ANY PETS? (CIRCLE YOUR ANSWER PLEASE) | | | NO YES |
| IF YES, HOW MANY? | | BREED/WEIGHT | |
| APPLICANT CERTIFICATION | | | |
| I Hereby certify that under the penalties of perjury, all information contained herein is true, complete and correct. I agree that Landlord and/or its agent may verify any and all the information contained herein, and check references and run credit reports as applicable. I fully understand that any monies paid for credit processing are non-refundable. I fully understand that this application is preliminary only and does not oblige Landlord and/or its Agent to execute a lease or deliver possession of the proposed premises. I fully understand that Landlord and/or its Agent may terminate any agreement entered into upon reliance of any misstatement contained herein. | | | |
| SIGNATURE | | DATE | |

EACH APPLICANT MUST BRING OR FAX THESE ITEMS TO PROCESS THE APPLICATION - LAST TWO PAYCHECK STUBS, LAST YEAR'S W-2 FORMS, CURRENT DRIVER'S LICENSE OR STATE ID, AND SOCIAL SECURITY CARD. IF YOU ARE SELF-EMPLOYED, INCLUDE FIRST TWO PAGES OF LAST 2 YEARS TAX RETURNS, SCHEDULES C & E, AND ALL 1099 FORMS.

VEHICLE INFORMATION

| | | | |
|------------------|--|---------------------------|--|
| MAKE & MODEL | | COLOR | |
| REGISTERED OWNER | | LICENSE PLATE # AND STATE | |
| MAKE & MODEL | | COLOR | |
| REGISTERED OWNER | | LICENSE PLATE # AND STATE | |

OTHER OCCUPANTS - ALL WILL BE LISTED ON THE LEASE (IF APPROVED) AS OCCUPANTS

| | | | |
|------|--|-----|--|
| NAME | | AGE | |
| NAME | | AGE | |
| NAME | | AGE | |
| NAME | | AGE | |
| NAME | | AGE | |

OTHER INFORMATION (CIRCLE YOUR ANSWER PLEASE)

| | | |
|---|----|-----|
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? | NO | YES |
| IF YES, WHEN/DETAILS | | |
| HAVE YOU EVER BEEN A NAMED AS A DEFENDANT IN A FORCIBLE DETAINER ACTION (EVICTION , NON PAYMENT OF RENT, LEASE VIOLATION, ETC.)? | NO | YES |
| IF YES, WHEN/DETAILS | | |
| HAVE YOU EVER FILED BANKRUPTCY? | NO | YES |
| IF YES, WHEN/DETAILS | | |
| HAVE YOU EVER BEEN THROUGH A FORECLOSURE? | NO | YES |
| IF YES, WHEN/DETAILS | | |
| HAVE YOU EVER BEEN SUED FOR DAMAGE TO RENTAL PROPERTY? | NO | YES |
| IF YES, WHEN/DETAILS | | |

EMERGENCY CONTACT INFORMATION

| | | | |
|--|--|---------------------|--|
| PROVIDE THE NAME OF AN EMERGENCY CONTACT WHO WILL <u>NOT BE</u> LIVING WITH YOU | | | |
| NAME | | | |
| ADDRESS | | | |
| CITY/STATE/ZIP | | | |
| HOME PHONE | | CELL PHONE | |
| WORK PHONE | | RELATIONSHIP TO YOU | |

REQUEST FOR EMPLOYMENT VERIFICATION

| | |
|----------------------|------------------|
| TO: | (HR, SUPERVISOR) |
| DATE: | |
| FAX NUMBER: | |
| PHONE NUMBER: | |

The person named below has applied for a rental unit with us and provided the following employment history to us. You were listed as currently (or formerly) employing this person. This applicant, by his/her signature, has authorized you to release and verify this employment information. Your assistance in providing this information as quickly as possible would be sincerely appreciated. Thank you.

| | |
|------------------------|---------|
| Employee Name | |
| Social Security Number | ***_**_ |
| Department/Position | |
| Length of Employment | |

I Hereby certify that under the penalties of perjury, all information contained herein is true, complete and correct. I agree that Landlord and/or its agent may verify any and all the information contained herein and check references and run credit reports as applicable. I fully understand that any monies paid for a processing fee are non-refundable. I fully understand that this application is preliminary only and does not oblige Landlord and/or its Agent to execute a lease or deliver possession of the proposed premises. I fully understand that Landlord and/or its Agent may terminate any agreement entered into upon reliance of any misstatement contained herein.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

<<<APPLICANT – DO NOT FILL OUT ANYTHING BELOW THIS LINE>>>

| EMPLOYER VERIFICATION | |
|--|--|
| Dates of Employment (FROM) _____ | (TO) _____ |
| Position Held _____ | |
| Gross Salary or Wage \$ _____ | per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour |
| | Average Hours Worked Per Week _____ |
| Continued employment looks | <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |
| Are you Related to this employee? _____ | |
| SIGNATURE: _____ | DATE: _____ |
| PRINTED NAME: _____ | TITLE: _____ |

REQUEST FOR EMPLOYMENT VERIFICATION

| | |
|----------------------|------------------|
| TO: | (HR, SUPERVISOR) |
| DATE: | |
| FAX NUMBER: | |
| PHONE NUMBER: | |

The person named below has applied for a rental unit with us and provided the following employment history to us. You were listed as currently (or formerly) employing this person. This applicant, by his/her signature, has authorized you to release and verify this employment information. Your assistance in providing this information as quickly as possible would be sincerely appreciated. Thank you.

| | |
|------------------------|---------|
| Employee Name | |
| Social Security Number | ***_**_ |
| Department/Position | |
| Length of Employment | |

I Hereby certify that under the penalties of perjury, all information contained herein is true, complete and correct. I agree that Landlord and/or its agent may verify any and all the information contained herein and check references and run credit reports as applicable. I fully understand that any monies paid for a processing fee are non-refundable. I fully understand that this application is preliminary only and does not oblige Landlord and/or its Agent to execute a lease or deliver possession of the proposed premises. I fully understand that Landlord and/or its Agent may terminate any agreement entered into upon reliance of any misstatement contained herein.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

<<<APPLICANT – DO NOT FILL OUT ANYTHING BELOW THIS LINE>>>

| EMPLOYER VERIFICATION | |
|--|--|
| Dates of Employment (FROM) _____ | (TO) _____ |
| Position Held _____ | |
| Gross Salary or Wage \$ _____ | per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour |
| | Average Hours Worked Per Week _____ |
| Continued employment looks | <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |
| Are you Related to this employee? _____ | |
| SIGNATURE: _____ | DATE: _____ |
| PRINTED NAME: _____ | TITLE: _____ |

REQUEST FOR RESIDENCY VERIFICATION

| | |
|----------------------|------------------------------------|
| TO: | (CURRENT LANDLORD YOU PAY RENT TO) |
| DATE: | |
| FAX NUMBER: | |
| PHONE NUMBER: | |

The person named below has submitted an application for a rental unit with our firm. This signed release from the applicant(s) authorizes our firm to check this information. Your prompt attention to this request is greatly appreciated – Thank you.

| | |
|--|-------------|
| Applicant Name: | |
| Address: | |
| <p>I Hereby certify that under the penalties of perjury, all information contained herein is true, complete and correct. I agree that Landlord and/or its agent may verify any and all the information contained herein and check references and run credit reports as applicable. I fully understand that any monies paid for a processing fee are non-refundable. I fully understand that this application is preliminary only and does not oblige Landlord and/or its Agent to execute a lease or deliver possession of the proposed premises. I fully understand that Landlord and/or its Agent may terminate any agreement entered into upon reliance of any misstatement contained herein.</p> | |
| SIGNATURE | DATE |

<<< **APPLICANT – DO NOT FILL OUT ANYTHING BELOW THIS LINE** >>>

| | | |
|--|--|--|
| Length of Residency: _____ | On Lease Individually? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current Apartment Size: _____ | Current Monthly Rent \$ _____ | |
| Are Any Utilities Included? <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Balance Due \$ _____ | |
| Current # of Occupants: _____ | Any Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does Resident Have a Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has (was) proper notice been given? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does/Did Resident pay rent on time? <input type="checkbox"/> Yes <input type="checkbox"/> No | # Of Late Payments over rental period _____ | |
| Are you related to this resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | # Of NSF Checks over rental period _____ | |
| Has Resident Ever Been Taken to Court for | | |
| Non-Payment of Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ Outcome: _____ | |
| Lease Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ Outcome: _____ | |
| Were there any problems with this resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (If yes, please explain): _____ | | |
| Would you rent to this resident again? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Information provided by:

Signature: _____ Date: _____
Printed Name/Position: _____

**RENTAL POLICY
AUTHORIZATION AND RELEASE**

ALL PERSONS are welcome to complete an application.

- Applicant has submitted the sum of \$_____ which is a **non-refundable** payment for a processing fee required to evaluate this Application for Rental by the landlord/property manager.
- Applicant hereby certifies that the information given to evaluate the application for tenancy is correct and complete. Applicant further understands that any false or incomplete information is grounds for immediate rejection of this Application for Rental
- Applicant specifically authorizes and requests all present and previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stockbrokers, and local, state and Federal government Agencies to release any and all requested information in the evaluation of this Application for Rental. Applicant authorizes landlord/property manager to make any and all inquires that landlord/property manager feel necessary to evaluate this Application for Rental.
- Applications are processed as they are received by our staff - meaning once **ALL** documentation and processing fees are collected from all applicants for a specific unit, the application process will begin.
- **This is an APPLICATION only and you are NOT GUARANTEED APPROVAL.**
- **IF** your Application is approved, you will have TWO (2) DAYS to meet with Agent to pay all amounts due, sign the lease and get your keys. IF you are unable to do that, we will go on to process the next Application. **WE DO NOT HOLD APARTMENTS FOR ANYONE FOR ANY REASON.** Applications are kept active for two weeks.
- Applicant represents that he/she has no infestation/pest issues where they are currently living or working. Should an issue with infestation/ pest issues arise once Applicant moves in, Applicant fully understands and acknowledges that extermination and/or damages suffered by Landlord are the sole responsibility of the Applicant/Tenant. Additionally, misrepresentation to Landlord shall be grounds to terminate the lease.
- Should the Application for Rental be approved by landlord/property manager, then this Authorization and Release shall extend through any and all rental periods.

| | |
|---------------------|--|
| SIGNATURE | |
| PRINTED NAME | |
| DATE | |