



LAKE LOGAN APARTMENTS, LLC
701 EAGLE PASS DRIVE, SUITE 100
CARTERVILLE, ILLINOIS 62918

Phone:
 (618) 985-8858

LEASING APPLICATION

(Please Print)

(\$25.00 non-refundable application fee is required)

1. LEASE PERIOD: # Mo. _____ Beginning _____ / _____ / _____ Ending _____ / _____ / _____

NAME: _____ SS/TIN# _____ - _____ - _____
LAST FIRST INITIAL

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:(_____) _____ - _____ CELL PHONE:(_____) _____ - _____

BIRTHDATE: _____ / _____ / _____ DRIVER'S LICENSE #: _____ STATE _____

EMAIL ADDRESS: _____

2. CURRENT LANDLORD: _____ LENGTH OF RESIDENCY: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:(_____) _____ - _____ AMOUNT OF RENT: \$ _____

PREVIOUS LANDLORD: _____ LENGTH OF RESIDENCY: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:(_____) _____ - _____ AMOUNT OF RENT: \$ _____

3. UNIT TYPE DESIRED: 3 BDRM 4 BDRM QUIET BLDG? # RESIDENTS TO OCCUPY APT _____

OTHER RESIDENTS TO OCCUPY APARTMENT:

WILL YOU BE ATTENDING SCHOOL? YES NO WHICH SCHOOL? _____

4. PRESENT EMPLOYER: _____ LENGTH OF EMPLOYMENT _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:(_____) _____ - _____ GROSS MONTHLY INCOME: \$ _____

POSITION: _____ SUPERVISOR: _____

5. BANK REFERENCE: _____ PHONE (_____) _____ - _____

HAVE YOU EVER BEEN EVICTED? YES NO

HAVE YOU EVER BEEN A DEFENDANT IN SMALL CLAIMS COURT? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(OVER)

6. LEASE GUARANTOR: _____ RELATIONSHIP: _____

GUARANTOR ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:() - SOCIAL SECURITY #: - -

BIRTHDATE: / / DRIVER'S LICENSE #: STATE

7. MORTGAGE BANK: _____ LENGTH OF RESIDENCY: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:() - AMOUNT OF MONTHLY PAYMENT: \$

OR CURRENT LANDLORD: _____ LENGTH OF RESIDENCY: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:() - AMOUNT OF RENT: \$

PREVIOUS LANDLORD: _____ LENGTH OF RESIDENCY: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:() - AMOUNT OF RENT: \$

8. PRESENT EMPLOYER: _____ LENGTH OF EMPLOYMENT _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE:() - GROSS MONTHLY INCOME: \$

POSITION: SUPERVISOR: _____

9. BANK REFERENCE: _____ PHONE:() -

10. Applicant hereby applies for and offers to execute a Lease as provided by Lake Logan Apartments (hereinafter Lessor). Applicant warrants that the statements contained are true. Receipt of this application by Lessor does not obligate Lessor to deliver occupancy of any apartment.

Applicant hereby authorizes Lessor to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1681 a (d), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living of applicant. Applicant tenders, in addition to any damage deposit, character references or other administrative set-up costs, a \$25.00 non-refundable application fee.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF GUARANTOR (IF REQUIRED) DATE

(Application requires a \$25.00 non-refundable application fee)