

1502 E. Jackson Bloomington, IL 61701 • (309) 829-5885 www.ExcelREM.com

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Full Name:							_	Social Security I	No:
	Last		First			M.I.			
Home #:	Mobile #	#: <u>(</u>))		_ Work #: <u>(</u>)	Birth Da	ate:
E-Mail:					Alternate E-	-Mail:			
			R	ental Ir	formation				
Current:									
ouron.	Street Address		С	ity				State	Zip Code
Current:			()					\$
	Landlord Name		Lá	andlord	Phone #			Dates at Address	Monthly Rent
Previous:	Street Address		C	ity				State	Zip Code
Provious	Oli Got / Idd/ Goo		(,.y \				Olulo	£
Previous:	Landlord Name		Lá	andlord .	Phone #			Dates at Address	⊸ Monthly Rent
			En	nploym	ent History				
•									
Current:	Employer Name		Em	ployer A	ddress				() Employer Phone #
Current:									\$
	Title/Position		Dat	es Empl	oyed				Gross Monthly income
Previous:									()
	Employer Name		Employer Address						Employer Phone #
Previous:			Dates Employed						\$ Gross Monthly income
Additional I	ncome: \$	Evnlain			oyou				Cross menany mosmo
, taattoriai i	Financial Informati	_					Loa	ns Cradit Cards	otc \
	r manciai imormati	on (oneckii	ig Acc	ounts,	Oavings Acc	Journs	, Loa	ns, credit cards,	610./
Creditor1:	Name		Type	of Accou	ınt		Accou	nt Number	() Phone #
0 - 11 - 0		Type of Account				Accou		/ None #	
Creditor 2:	Name		Туре	of Accou	unt		Ассои	nt Number	Phone #
Are you planning to switch jobs soon?] Yes	□No	If yes, explain	n			
Have you filed / Are you filing bankruptcy?									
Have you been / Are you being sued?									
Have you b	een / Are you being evicted?								
Have you had / Do you have overdue bills 30 + days?									
	Vehicle Information								
Drivers Lies	oneo :								
Drivers Lice	ense : Number				Sta	ate of Is	ssue	Expiration D	Date
Vehicle :									
	Make	Model		Year	Col	lor		License Plat	'e

	Personal References						
Reference 1: Name	Relationship	Years Known	() Phone #				
Reference 1:	Νειαιιοτιστιφ	rears Mowii	rnone #				
Street Address	City	State	Zip Code				
Reference 2:	Relationship	Years Known	() Phone #				
	•	rears Mowii	FIIONE #				
Reference 2: Street Address	City	State	Zip Code				
I certify that the information provided in this applicate and acknowledge my understanding that any intention may result in civil liability and/or criminal penalties 18, United States Code, Section 1001, et seq. and liabiliand any other person who may suffer any loss due to that all the information given is true and correct and if I have made any false or incomplete statement in this application may be made at any time by Mana or from any source named in this application. The or approved. I understand that the \$50 application fee will be refunded only if credit is NOT approved. Date: Signature.	onal or negligent misrepresentation(s) of the including, but not limited to, fine or imprisible for monetary damages to the Manager, or reliance upon any misrepresentation which understand that my lease or rental agreements application. I authorize that verification ager, it's agents, successors and assigns, eitheriginal copy of this application will be retained a non-refundable service charge for produce:	ne information contains sonment or both under it's agents, successors the I have made on this ent may be terminated or reverification of an er directly through a ned by Manager, even tessing the application	ted in this application of the provisions of Title is and assigns, insurers application. I certify if at manager's discretion in the information contained credit reporting agency if the application is not a Security deposits give				
Employment Verification (CURRENT)	For Office Use Only Rental Verification (CURREN)	Γ)					
Date Contacted:	· ·	Time Contacted:					
Time Contacted:		Spoke To: Position:					
Spoke To:	Move In/Move Out Dates:						
Position/Title of who spoke to:		# of times:					
Applicant Employed Since:	Eviction/5 Day Notices:	Noise Complaints:					
Position of Applicant:	Pets? If so, any problems:						
Full Time or Part Time:	Was proper notice given?:						
Any reason to leave:	Any problems/complaints mentioned:						
Approx. Gross Monthly Income:							
	Rental Verification (PREVIOUS)						
Place copy of identification below	Date Contacted: Time Contacted:						
		5					
	Spoke to:	Position:					
	Spoke to: Move In/Move Out Dates:						
	Move In/Move Out Dates:	# of times:					
	Move In/Move Out Dates:	# of times: Noise Complaint	ts:				
	Move In/Move Out Dates: Any late rent: Eviction/5 Day Notices:	# of times: Noise Complaint	ts:				

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