



# Louis Capra & Associates

Michael McCarthy  
Property Manager

4041 Renn Hart Hills Rd.  
Loves Park, IL 61111

815-997-1095  
815-633-9142

## STANDARD APPLICATION FOR LEASE

**PLEASE PRINT**

**Processing Fee \$25.00**  
**Non-Refundable**

**Date of Showing** \_\_\_\_\_

The information on this application form is strictly confidential and will be so kept by the management. The purpose of the information below is to verify the applicant's credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which is deemed necessary to complete my application. The undersigned hereby makes application for a rental unit located at \_\_\_\_\_, beginning on \_\_\_\_\_, 20\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_ and submits the following information:

**OCCUPANT'S FULL LEGAL NAME:** (List all persons who will occupy the unit.)

|                          |                    |                 |              |
|--------------------------|--------------------|-----------------|--------------|
| A. _____ / _____ / _____ | Relationship _____ | Birthdate _____ | S.S.N. _____ |
| B. _____ / _____ / _____ | Relationship _____ | Birthdate _____ | S.S.N. _____ |
| C. _____ / _____ / _____ | Relationship _____ | Birthdate _____ | S.S.N. _____ |
| D. _____ / _____ / _____ | Relationship _____ | Birthdate _____ | S.S.N. _____ |

**APPLICANT** \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Check one: Rent \_\_\_\_\_ Own \_\_\_\_\_ Living with Parents \_\_\_\_\_ or Friends \_\_\_\_\_

How long at current address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Monthly rent now paying \_\_\_\_\_ Current Landlord/Manager's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PREVIOUS ADDRESSES (Past 3 years + Apt. Numbers)**

(1) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ How long \_\_\_\_\_

(2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ How long \_\_\_\_\_

(3) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ How long \_\_\_\_\_

**((1)(2)(3)continued):**

(1) Living with parents \_\_\_\_\_ Friends \_\_\_\_\_ / Manager \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) Living with parents \_\_\_\_\_ Friends \_\_\_\_\_ / Manager \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(3) Living with parents \_\_\_\_\_ Friends \_\_\_\_\_ / Manager \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

How Long \_\_\_\_\_ Type of work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Working hours \_\_\_\_\_ to \_\_\_\_\_

**INCOME (Circle One):** WEEKLY / TWO WEEKS / MONTHLY \$ \_\_\_\_\_ Net or Gross? \_\_\_\_\_

**DAY OF WEEK PAID (Circle One):** Monday Tuesday Wednesday Thursday Friday

**OTHER INCOMES: \$** \_\_\_\_\_ **SOURCE** \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

How Long \_\_\_\_\_ Type of work \_\_\_\_\_

**NAME OF BANK** \_\_\_\_\_ **Account Number** \_\_\_\_\_ **Savings or Checking** \_\_\_\_\_

**VEHICLE:** How many vehicles do you own? \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ **Payments? \$** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **State** \_\_\_\_\_

**NEAREST RELATIVES OR FRIENDS (List Two):**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Apt. No.** \_\_\_\_\_ **City** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Apt. No.** \_\_\_\_\_ **City** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**CREDIT REFERENCES AND CREDIT CARDS**

**Name** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**(OVER)**

| Co - Applicant   |                 |                 |                          |                  |                 |
|--|-----------------|-----------------|--------------------------|------------------|-----------------|
| Name:  |                 |                 |                          |                  |                 |
| Date of birth:   |                 | SSN:            |                          | Phone:           |                 |
| Current address:   |                 |                 |                          |                  |                 |
| City:  |                 |                 | State:                   |                  | ZIP Code:       |
| Own  | Rent            | (Please circle) | Monthly payment or rent: |                  | How long?       |
| Previous address:  |                 |                 |                          |                  |                 |
| City:  |                 |                 | State:                   |                  | ZIP Code:       |
| Owned  | Rented          | (Please circle) | Monthly payment or rent: |                  | How long?       |
| Employment Information   |                 |                 |                          |                  |                 |
| Current employer:  |                 |                 |                          |                  |                 |
| Employer address:  |                 |                 |                          |                  | How long?       |
| Phone:   |                 | E-mail:         |                          | Fax:             |                 |
| City:  |                 | State:          |                          | ZIP Code:        |                 |
| Position:  |                 | Hourly          |                          | Salary           | (Please circle) |
| Annual income:   |                 |                 |                          |                  |                 |
| Banking Information  |                 |                 |                          |                  |                 |
| Name of Bank:  |                 |                 |                          |                  |                 |
| Account Number:  |                 | Savings         | Checking                 | Both             | (Please circle) |
| Vehicle Information  |                 |                 |                          |                  |                 |
| How many vehicles do you own?  |                 |                 |                          |                  |                 |
| Model & Make:  |                 | Year:           |                          | Color:           |                 |
| License Number:  |                 | State:          |                          | Monthly Payment: |                 |
| Drivers License Number:  |                 |                 | State:                   |                  |                 |
| Nearest Relatives or Friends ( List Two )  |                 |                 |                          |                  |                 |
| Name:  |                 |                 |                          |                  |                 |
| Address:   |                 |                 |                          |                  |                 |
| City:  |                 | State:          |                          | Zip Code:        |                 |
| Phone:   |                 |                 | Relationship:            |                  |                 |
| Name:  |                 |                 |                          |                  |                 |
| Address:   |                 |                 |                          |                  |                 |
| City:  |                 | State:          |                          | Zip Code:        |                 |
| Phone:   |                 |                 | Relationship:            |                  |                 |
| Credit References and Credit Cards Information   |                 |                 |                          |                  |                 |
| Name:  |                 |                 | Account Number:          |                  |                 |
| Name:  |                 |                 | Account Number:          |                  |                 |
| Total Amount of Constant Monthly Payments other than Rent (example: child support/day care/furniture): |                 |                 |                          |                  |                 |
| Personal Property Insurance Carrier ( if any ) :   |                 |                 |                          |                  |                 |
| Do you have?   | Boat            | Camper          | Motorcycle               | Bicycles         | Trailer         |
| Other  | (Please circle) |                 |                          |                  |                 |
| Do you have any pets?  | Yes             | No              | (Please circle)          | How Many?        | Type:           |
| Weight:  |                 |                 |                          |                  |                 |

| Have you or Co – Applicant ever?                                    | Applicant |    | Co-Applicant |    |
|---|-----------|----|--------------|----|
| 1. Had a Judgment against you?                                      | Yes       | No | Yes          | No |
| 2. Been served Eviction Notice or been Evicted?                     | Yes       | No | Yes          | No |
| 3. Been convicted for any crime other than a minor Traffic Offense? | Yes       | No | Yes          | No |
| 4. Changed your Name?   | Yes       | No | Yes          | No |

A Deposit in the sum of \$ \_\_\_\_\_ and received by \_\_\_\_\_ is made herewith. It is understood that this application is subject to approval and acceptance by management and if the application is no approved, the deposit will be returned to the applicant. Upon approval of application for lease and in the event applicant fails to sign lease within 24 hours of approval or such reasonable extensions approved by management, then in the event management shall keep all monies deposited as liquidated damages for lost rentals and expenses incurred. This application will become part of the lease agreement when applicant is approved by management. The undersigned make(s) the foregoing representation as being true and accurate. Deposit is forfeited if there are any material misrepresentations in the application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_