

Frey Properties of Highland, LLC

P.O. Box 467
12359 Route 143
Highland, IL 62249
1-877-654-3467

RENTAL APPLICATION

FOR OFFICE USE ONLY

Date: _____ Agent: _____
Community: _____
Apt. No.: _____ Rent: _____

Notice: Co-applicants must complete separate Rental Application Forms

TELL US ABOUT YOURSELF

FULL NAME: _____ PHONE:() _____ EMAIL _____

Date of Birth: _____ SSN.: _____ - _____ - _____ Driver's Lic. No. & State: _____

Name of Co-Applicant: _____ Relationship: _____ Total # of Occupants: _____

Once approved, list names of All Other Occupants: _____

Number of Animals: _____ Breed, Weight, and Age: _____

RESIDENCE HISTORY (BEGINNING WITH MOST CURRENT)

CURRENT ADDRESS: _____

Month & Year Moved In _____ Reason for moving _____

Owner or Agent: _____ Phone:() _____ Monthly Payment \$ _____

PREVIOUS ADDRESS: _____

Month & Year Moved In _____ Reason for moving _____

Owner or Agent: _____ Phone:() _____

PREVIOUS ADDRESS: _____

Month & Year Moved In _____ Reason for moving _____

Owner or Agent: _____ Phone:() _____

EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed

CURRENT EMPLOYER: _____

Address: _____ Phone:() _____

Date(s) Employed/ From: _____ To: _____ Position: _____

Supervisor: _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____

PREVIOUS EMPLOYER: _____

Address: _____ Phone:() _____

Date(s) Employed/ From: _____ To: _____ Position: _____

Supervisor: _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per: _____ Source: _____ Phone: () _____

BACKGROUND INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
Make/Model: _____ Year: _____ Color: _____ Tag No./State: _____
Make/Model: _____ Year: _____ Color: _____ Tag No./State: _____
Other Car, Motorcycle, etc.: _____

DO YOU OR CO-APPLICANT: Smoke? Yes No

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
Had an eviction filed on you? Yes No Broken a Rental Agreement or Lease? Yes No
Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No
Been convicted of a crime or felony? Yes No If so, please explain: _____

CREDIT AND FINANCIAL INFORMATION

BANK/FINANCIAL ACCOUNTS

Do you have a checking account? Yes No

Do you have a savings account? Yes No

CREDIT ACCOUNTS/LOANS

	Description	Name of Creditor	Amount Owed	Monthly Payment
Credit card:	_____	_____	_____	_____
Credit card:	_____	_____	_____	_____
Loan (specify type):	_____	_____	_____	_____
Other major obligations:	_____	_____	_____	_____

HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

Referral Name: _____

Address: _____

Phone: _____

EMERGENCY CONTACT 1: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT 2: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Work Phone: _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the **First** day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT AND CRIMINAL REPORT.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant: _____ Date Signed: ____/____/____

Signature of Co-Applicant: _____ Date Signed: ____/____/____

APPLICANT: PLEASE DO NOT WRITE BELOW

Comments: _____

Reference Comments: _____

THIS APPLICATION: **APPROVED** **NOT APPROVED** By: _____ Date: _____

If not approved, specify reason(s): _____
