

CREDIT REQUIREMENTS/RULES FOR LEASING AN APARTMENT

Please review the following and understand the requirements before filling out and signing your application. If you have any questions or concerns, please ask one of our leasing agents.

- 1. A lease is required. All children or other tenants under the age of 18 must be listed on the credit application. All tenants over the age of 18 must sign the lease agreement.
- 2. A credit check must be passed by all persons wishing to lease an apartment. The non-refundable application fee is \$40.00, which is for each person applying over the age of 18 years old and \$40.00 for married couples.
- 3. Credit history must be rated satisfactory. We do not accept any applicants with past due balances.
- 4. Criminal history must be rated satisfactory. We do not accept any applicants with any criminal offenses.
- 5. Previous rental history (payment as well as conduct) must prove to be satisfactory.
- 6. One week's guaranteed gross income must exceed or be equal to the amount of rent on the unit for which an application has been submitted.
- 7. Guaranteed employment must be within 60 miles of the desired apartment.
- 8. Co-signers are not accepted.
- 9. Subletting is not allowed.
- 10. No more than two unrelated persons may lease a two-bedroom apartment and no more than three unrelated persons may lease a three-bedroom apartment.

When an application is submitted and a move in fee has been paid, this only serves to take the unit off the rental market until the application has been processed and approved by us.

If an application is approved by us and you decide you don't want the apartment, your move in fee is forfeited.

Thank you,

Apartment Mart



Rental Application

912 N. Linden Street ♦ Bloomington, IL 61701 ♦ T: 309.827.8576 ♦ F: 309.827.8578

(NOTE: <u>Each adult person</u> that will reside in the rental property (occupants) must complete and sign <u>an application</u> form) NOTE: All requests for information as set forth in this Application must be provided and any omission or misrepresentation of any information is <u>automatic grounds</u> for rejection of this application)

(NOTE: Lessor does not deny or reject applications on the basis of race, color, religion, national origin, sex, ancestry, age, maritalstatus, physical or mental handicap, familial status or any other class protected by Article 3 of the Illinois Human Rights Act or federal law.)

PLEASE TELL US ABOUT YOURSE	LF		
Applicant #1 Full Name (First/Last)		Phone (
Data of Dieth / Cooks Cook	witz. No	FHORE ()	
Date of Birth / Social Secu		E-IIIaII	
Driver's License No. /State			
Applicant #2 Full Name (First/Lest)		Dhone (
Applicant #2 Full Name (First/Last)		Thole () Email	
		Ellian	
Driver's License No. /State	e		
PLEASE GIVE YOUR RESIDENCE H	ISTORY		
Applicant #1 Address	City	State	Zip
Month and Year Moved InOwner or Manager	Phone ()	Monthly Rent	\$
Previous Address	City:	State	7in
Month and Year Moved In	Pageon for Leaving	State	Zıp
Month and Year Moved InOwner or Manager	Phone ()	Monthly Rent	. \$
Owner or Manager	1 none (Nonthly Ren	. Ψ
A 1' 4 1/2 A 11	Cir	Ctute	7:
Applicant #2 Address Month and Year Moved In	City	State	Zıp
Owner or Manager	vioved OutR	eason for Leaving	· C
Previous Address	City	State	Zip
Month and Year Moved In	Reason for Leaving		
Owner or Manager	Phone ()	Monthly Rent \$	
DV D L CD COVER VIC VICA D EMPL CVM	ENT HIGHODY		
PLEASE GIVE US YOUR EMPLOYM	ENT HISTORY		
Applicant #1 status: ☐ Employed Full-Tim	e	□ Student □ Retin	red Not Employed
Employer			
Address		Phone ()	c
Date(s) Employed/From	То	Position	
Supervisor	Yo	our Gross Monthly Salar	y \$
Applicant #2 status: ☐ Employed Full-Tim	e 🗆 Employed Part-Time	☐ Student ☐ Reti	red 🗔 Not Employed
Employer			
Address		Phone ()	
Date(s) Employed/From	То	Position	
Supervisor	Your Gross Monthly Salary \$		

PLEASE LIST YOUR I	NFORMATION				
TOTAL NUMBER OF VE	HICLES				
Make/Model	Year_	Color	License	No	
Make/Model	Year_	Color Color	License	No	
f "yes" please explain date, j Vill you be using a rental a lave you ever, besides evic	place, landlord, reassistance program tion, had a civil la	d against you for eviction? C ason and final outcome (attach m to subsidize your rent? Ch awsuit filed against you (Exa plain date, place, reason and fi	additional sheets if r eck one ☐ Yes ☐ No mple: for money ov	necessary): ved, etc.)?	
	ne: □ yes □ no. If	nvicted of a criminal offense ("yes", please explain charge, o			
Do you have pets? (Circle):	YES NO If	"Yes", all the following informati	on for each animal mu	st be provided	
Animal Type:	Breed:	Name	Color:	Age (Years):	Weight (Lbs.):
lo. 1					
0. 2					
	EMERGENCY, NO	OTIFY:	Relations	hip	
Full Address:					
Tionic Thone.		work Frione,			
OTHER OCCUPANTS UN	IDER THE AGE O	F 18 YEARS			
Full Name:			Date of Birth:	/	
Full Name:	Date of Birth: / Date of Birth: / Date of Birth: /				1
APP	LICATION GIV	VEN FOR THE FOLLOW	ING APARTME	NT	
Address:		Apartmen	nt #·		
		Occupancy Dates:			
+	Ψ		+0		
employees, contractors, ar other applicable or similar previous lessor or anyothe	nd agents, to obtain consumer reporting or source.	l applicant consents to and autlen a copy of my credit report/hisng agency and/or obtain any in	story from the Credi	t Bureau or or current or any	/
	_	applicant understand that it is most a prospective tenant or o	_	nt, that no lea	ise
By signing this documen		ned understand my move in f	-	ded unless n	ıy
application is denied.	_			C 11 T 1	. 1.1
		have answered the above ques plication is grounds for eviction			

Signature of Applicant ______ Date Signed __/___/
Signature of Applicant ______ Date Signed __/___/

FOR OWNER'S USE ONLY

Action	Date	Staff Initials
Received Application		
Checked Application for completion of all information		
Checked Application for signatures		
Checked for other adult occupants' separate application(s)		
Collected Application Process Fee (One Fee Per Applicant)		
Action	Date/Initials	Approval Y/N
Checked Credit Report		
Checked Court Records		
Checked Illinois Sex Offender List		
Checked Employment		
Checked Landlord References		
Application Approval (circle) Yes No		
Reason for Denial		
Manager Initial		
Contacted Date:	Bv:	