

**BRIARWOOD APARTMENTS**

3345 Resource Parkway

DeKalb, IL 60115

PHONE: 815.758.2960

FAX: 815.517.1594

**PERSONAL INFORMATION - APPLICANT**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race and Ethnicity (circle): White Black American Indian or Alaskan Native Asian or Pacifica Islander  
Hispanic Non-Hispanic

Who referred you/how did you hear about us? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Drivers License Number and State Issued: \_\_\_\_\_

Annual Income \_\_\_\_\_ List all sources of Income: \_\_\_\_\_

**Assets:**

Do you have a checking Account? Please Circle YES or NO

Do you have a Savings Account? Please Circle YES or NO

If so, Bank Name and Account Number for each: \_\_\_\_\_

Do you have life insurance? Please Circle YES or NO

If so, name of Carrier and Contact Information \_\_\_\_\_

**PERSONAL INFORMATION – CO-APPLICANT**

Name Co-Applicant: \_\_\_\_\_

Current Address Co-Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race and Ethnicity (circle): White Black American Indian or Alsakan Native Asian or Pacifica Islander  
Hispanic Non-Hispanic

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_



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Drivers License Number and State Issued: \_\_\_\_\_

Annual Income \_\_\_\_\_ List all sources of Income: \_\_\_\_\_

**Co-Applicant Assets:**

Do you have a checking Account? Please Circle YES or NO

Do you have a Savings Account? Please Circle YES or NO

If so, Bank Name and Account Number for each: \_\_\_\_\_

Do you have life insurance? Please Circle YES or NO

If so, name of Carrier and Contact Information \_\_\_\_\_

List all others who will be occupying the apartment:

Name	Date of Birth	Age	Social Security #	Relationship to Applicant

Number of bedrooms needed? \_\_\_\_\_ Date you are needing an apartment \_\_\_\_\_

Will you be receiving Section 8 rental assistance? \_\_\_\_\_ If yes list Agency name and contact person \_\_\_\_\_

**HISTORY**-If you have rented before, you must list references for most recent five (5) residences starting with your current address. Be sure to include apartment number. If you have not rented before, you must list personal references.

City, State, and Zip	Landlord Name, Address, Phone, Fax, Email	Rental Period From To

Have you or anyone else named on this application ever been evicted? Please circle YES or NO

If so, Explain: \_\_\_\_\_



Have you or anyone else named on this application been evicted or owe a previous landlord money for rent or damages? YES or NO

If so, Explain: \_\_\_\_\_

Do you expect any additions to the household in the next twelve months? \_\_\_\_\_

Do you anticipate having a pet at Briarwood? \_\_\_\_\_ Specifically: \_\_\_\_\_

Have you or anyone else named on this application filed for bankruptcy? \_\_\_\_\_

Have you or anyone else named on this application been convicted of a felony? \_\_\_\_\_

Have you or anyone else named on this application ever been engaged in the use, sale, manufacture or distribution of a controlled substance? Please circle YES or NO

Who? \_\_\_\_\_ When? \_\_\_\_\_

What substance? \_\_\_\_\_

Have you or anyone else named on this application ever abused alcohol to the extent such alcohol abuse caused behavior that interfered with the health, safety or right to peaceful enjoyment of the premises of others? Please circle YES or NO

If so, provide explanation and date: \_\_\_\_\_

Have you or anyone else named on this application **ever** been involved in, arrested or convicted of any crime *other than* traffic violations? Please circle YES or NO

If so, provide explanation and date: \_\_\_\_\_

Are you or anyone else listed on this application subject to a lifetime state sex offender registration requirement in any state? Please circle YES or NO If so, provide name and state where requirement is ordered \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\*In the event of serious illness or death of a resident, the above person may enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.



**SIGNATURE CLAUSE:**

I/We certify that the answers given herein are true and complete to the best of my/our knowledge: I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history, criminal history, and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain any application fee, (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so. By signing below I/We hereby authorize and consent to the Owner/Property Manager to obtain all criminal history records necessary.

**Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony or knowingly or willingly makes false statements to any departments or agencies of the United States.**

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE, ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.**

\_\_\_\_\_  
Applicant Name Printed                      Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Name Printed                      Date

\_\_\_\_\_  
Co-Applicant Signature

***\*Please attach a copy of a drivers license or state i.d. for each applicant***



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