

BRIARWOOD APARTMENTS

3345 Resource Parkway
DeKalb, IL 60115
PHONE: 815.758.2960 FAX: 815.517.1594

PERSONAL INFORMATION

Name (Head of household) _____

Home Phone _____ Email _____

Date of Birth _____ Age _____ Social Security Number _____

Marital status _____ Do you smoke? YES NO

Drivers License Number and State Issued _____

Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity (circle): Hispanic Non-Hispanic

ADDRESS

Current Address _____ Apt. _____ City/State/Zip _____

Time at this location _____ Landlord name _____

Landlord phone _____ Reason for leaving _____

Amount of Rent _____ Up to date on rent? (circle) YES NO

Previous Address _____ Apt. _____ City/State/Zip _____

Time at this location _____ Landlord name _____

Landlord phone _____ Reason for leaving _____

Amount of Rent _____ Up to date on rent? (circle) YES NO

Who referred you/how did you hear about us? _____

EMPLOYMENT/ INCOME

Current employer/Source of income _____ Occupation _____
(Source of income includes Social Security, child support, etc.)

Address _____ City/State/Zip _____

Phone Number _____ Fax _____

Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly

Additional employer/Source of income _____ Occupation _____

Address _____ City/State/Zip _____

Phone Number _____ Fax _____

Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER



ASSETS

Do you have a checking account? (circle) YES NO

Bank name _____ Account # _____

Do you have a savings account? (circle) YES NO

Bank name _____ Account # _____

Do you have life insurance? (circle) YES NO

Name of carrier and contact information _____

PERSONAL INFORMATION – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18

Name (co-applicant) _____

Home Phone _____ Email _____

Date of Birth _____ Age _____ Social Security Number _____

Marital status _____ Do you smoke? YES NO

Drivers License Number and State Issued _____

Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity (circle): Hispanic Non-Hispanic

Current Address _____ Apt. _____ City/State/Zip _____

Time at this location _____ Landlord name _____

Landlord phone _____ Reason for leaving _____

Amount of Rent _____ Up to date on rent? (circle) YES NO

EMPLOYMENT/INCOME – CO-APPLICANT/HOUSEHOLD MEMEBER OVER AGE 18

Current employer/Source of income _____ Occupation _____
(Source of income includes Social Security, child support, etc.)

Address _____ City/State/Zip _____

Phone Number _____ Fax _____

Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly

ASSETS – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18

Do you have a checking account? (circle) YES NO

Bank name _____ Account # _____

Do you have a savings account? (circle) YES NO

Bank name _____ Account # _____

Do you have life insurance? (circle) YES NO

Name of carrier and contact information _____



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER



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 the agency name and contact person _____

HISTORY – if you have rented before, you must list references for the most recent three (3) residences, starting with your current address. Be sure to include the apartment number. If you have not rented before, you must list personal references.

City/State/Zip	Landlord name, address, phone/fax/email	Rental period from, to

Do you anticipate having a pet at Briarwood? YES NO Specify _____

Have you or anyone named on this application ever been evicted? (circle) YES NO
If yes, explain _____

Do you or anyone named on this application owe a previous landlord money for rent/damages? YES NO
If yes, explain _____

Have you or anyone named on this application ever abused alcohol to the extent such alcohol abuse cause behavior that interfered with the health, safety or right to peaceful enjoyment of the premises by others? YES NO
If yes, explain _____

Have you or anyone named on this application been convicted of a felony? YES NO
If yes, explain _____

Have you or anyone named on this application **ever** been involved in, arrested, or convicted of any crime *other than* traffic violations? YES NO If yes, explain _____

Are you or anyone named on this application subject to a lifetime state sex offender registration requirement in any state? YES NO If yes, provide name and state where requirement is ordered _____

Has the applicant ever broken a lease? YES NO

Has the applicant ever been brought to court by another landlord? YES NO

Is the total move-in amount available now (rent and deposit)? YES NO



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER



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 bother 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 driver’s license or state ID for each applicant*



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER

