



Professional Property Management, Inc

217- 351-1800

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401 E. Springfield  
Champaign, IL 61820

**RENTAL APPLICATION**

DATE: \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
ADDRESS APPLYING FOR \_\_\_\_\_ FURN \_\_\_\_\_ UNFURN \_\_\_\_\_ 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> FLOOR  
NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ DATE TO MOVE IN \_\_\_\_\_  
SS# \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_  
E-Mail address \_\_\_\_\_ MARITAL STATUS: S M D W SMOKER \_\_\_\_\_ NON-SMOKER \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ LEGAL ADDRESS \_\_\_\_\_

LANDLORDS NAME \_\_\_\_\_ LANDLORDS PHONE# \_\_\_\_\_  
LANDLORDS ADDRESS \_\_\_\_\_

PRESENT RENT \$ \_\_\_\_\_ DATE MOVED IN \_\_\_\_\_ LEASE EXPIRES \_\_\_\_\_  
BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ CITY \_\_\_\_\_  
CHECKING ACCT # \_\_\_\_\_ SAVINGS ACCT # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
POSITION \_\_\_\_\_ DATE STARTED \_\_\_\_\_ HRS PER WEEK \_\_\_\_\_  
SALARY \_\_\_\_\_ PER \_\_\_\_\_ SEASONAL PERMANENT TEMPORARY  
SUPERVISORS NAME \_\_\_\_\_ DEPT. \_\_\_\_\_  
SCHOOL \_\_\_\_\_ MAJOR \_\_\_\_\_ STATUS \_\_\_\_\_  
TOTAL # OF PEOPLE TO LIVE IN UNIT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
DO YOU HAVE ANY PETS? \_\_\_\_\_ TYPE \_\_\_\_\_ AGE OF PETS \_\_\_\_\_  
FORMER LANDLORDS: \_\_\_\_\_

Have you ever (Yes or No) \_\_\_\_\_ had a residence application denied by a landlord \_\_\_\_\_ filed for bankruptcy  
\_\_\_\_\_ been evicted or asked to move out \_\_\_\_\_ broken a lease contract or rental agreement

PARENTS NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**NEAREST RELATIVE TO CALL IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

I (WE) CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE AND GIVE AUTHORIZATION FOR A CREDIT CHECK, EMPLOYMENT TO BE VERIFIED AND PRIOR LANDLORDS TO BE CONTACTED. False information given shall entitle owner to 1) reject the application, 2) retain the application deposit and 3) terminate the resident's right to occupancy.

X \_\_\_\_\_ X \_\_\_\_\_  
APPLICANTS SIGNATURE DATE CO-APPLICANTS SIGNATURE DATE  
APPROVAL BY \_\_\_\_\_ DATE

THIS APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL - FRONT AND BACK SIGNED, AND ACCOMPANIED WITH A FULL DEPOSIT.

**RENTAL APPLICATION DEPOSIT**

**PLEASE READ CAREFULLY:**

APPLICANTS WITH CO-SIGNERS (WHEN APPLICABLE), HEREWITH DEPOSIT A NON-REFUNDABLE APPLICATION FEE IN THE AMOUNT OF \$ \_\_\_\_\_ FOR THE PROPERTY LOCATED AT \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT:

1. IF THIS APPLICATION IS ACCEPTED, THIS DEPOSIT WILL BE APPLIED TOWARDS THE SECURITY DEPOSIT FOR THE PROPERTY RENTED.
2. IF THIS APPLICATION IS NOT ACCEPTED, THE ENTIRE DEPOSIT WILL BE REFUNDED TO THE APPLICANT.
3. IF THIS APPLICATION IS ACCEPTED BUT THE APPLICANT WITHDRAWS FROM LEASING PROPERTY THE DEPOSIT SHALL BE RETAINED BY THE LANDLORD.

IN THE EVENT APPLICANTS HAVE NOT EXECUTED A LEASE OR MADE AN APPOINTMENT TO SIGN A LEASE WITHIN 10 DAYS OF THIS APPLICATION, THE APPLICATION DEPOSIT SHALL BE RETAINED BY THE LANDLORD AND THE PROPERTY WILL BE AVAILABLE FOR LEASE TO ANOTHER PARTY. A FULLY EXECUTED LEASE REQUIRES THE SIGNATURE OF ALL APPLICANTS (INCLUDING CO-SIGNERS).

DATE: \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_