

UNIT ADDRESS

RENT

TJC Apartments

Contact

Tom Cook

Phone

Office: 630.554.6200

Mobile: 630.330.1660

Fax: 630.554.0593

Email

Info@tjcapartments.com

Address

P.O. Box 306, Oswego, IL 60543

Hours

8:00a.m. - 5:00p.m., Mon-Fri

RENTAL APPLICATION

Smoking is not permitted in any of the apartments or homes offered by TJC Apartments.

PERSONAL DATA			
Name		Social Security #	
		Drivers License #	Expiration Date State
Email Address		Date of Birth	
Present Address		Cell Phone #	
City/State/Zip	Res. Phone #	Bus. Phone #	
How long at present address?	Landlord or Agent	Phone	
Current Rent	Rent Paid Through	Current Lease Expires	
Previous Address	How Long	Landlord or Agent	Phone
City/State/Zip	NO PETS ALLOWED - NO SMOKING		
Occupants	Name		Relationship
	Name		Relationship
	Name		Relationship
	Name		Relationship
	Name		Relationship

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REFERENCES

Present Occupation	
Occupation	
Employer	
Self-Employed, Doing Business As.....	
Business Address	
Business Phone #	
Type Of Business	
Position Held	
Name and Title of Supervisor	
Length of Employment	Hire Date:
	Hours Worked Per Week: Months Worked Per Year:
Monthly Gross Income	\$
Other Income	\$ Source:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO
Have you ever filed a petition for bankruptcy?
Have you ever been evicted from any tenancy?
Have you ever willfully & intentionally refused to pay any rent due?
I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION, AND THE OBTAINING OF CONSUMER CREDIT REPORTS.
I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above.
Applicant: _____ Please print name here
Applicant: _____ Please sign name here
Date: _____

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RESIDENT VERIFICATION REQUEST

Renting applicant please leave form 2 open. We will submit this request to your landlord.

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Renting applicant fill out this box. Please sign & date the bottom form.

Resident Name: _____
Social Security #: _____
Landlord Name & Phone #: _____

****Renting applicant leave form 2 open. Sign & date the bottom Form.**

Form 2 **For current / previous landlord - Landlord please fill out this form only.

1. Move in date:	Move out date:
Rent amount:	Deposit amount:
Has there been any late payments:	If so, how many:
Number of NSF checks:	
Balance Due:	
2. Apartment condition: Excellent Good Fair Poor	
Type of damages:	
Amount owed (if any) for damages:	
3. Any fights / disturbances:	
Problems with:	Guests:
	Pets:
Any other lease violations:	
4. Was proper notice given:	
Was tenant(s) offered a new lease:	
Would you rent to tenant(s) again:	
Is the tenant(s) currently under eviction:	
5. Additional comments:	

We reserve the right to verify the above information by telephone/fax and will keep all information in confidence.

Renting applicant please sign & date below.

I hereby authorize the release of the above information.
Resident Signature / Date

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RELEASE AUTHORIZATION

Applicant Complete the Following

Customer Number _____

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information on my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box. The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by ADP Screening and Selection Services from Avert or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City State Zip Code

Social Security Number

Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

 Male Female Asian Black Hispanic White Other

Drivers License Number

State issuing license

Name as it appears on license

Signature

Today's Date

**If Required,
Notarize Here**When using an embossed seal,
Please shade with a pencil before faxing.**Subscribed and sworn before me:**

Name

Date

Notary Public

My Commission Expires