## **Rental Application**

For (address)

**Employer Name** 

Rockford, IL

**Michaels Properties** 

PO Box 11081 Rockford, IL 61126

(815) 978-5369 greg@LowPayment.com

Date:	Desired Date of Occupancy		Rent Amount	Deposit Amount
Applicant #1				
Name of Applicant:			SSN #	
Phone #		Email:		
Date of Birth	Dri	vers License #:		State
Address:			City, State, Zip	
Landlord's Name			Landlord's Phone	
Rent Amount	How long?	Reason for Leavin	g	
Have you ever been evicte	ed?		Have you ever filed bankruptcy?	
Have you ever been convi	cted of a crime (other	than traffic)?		Please explain:
Employer Name			Employer Phone	
Employer address			How long employed	Income
Previous Employer			Phone	
Address			How long employed	Income
Applicant #2				
Name of Applicant:			SSN #	
Phone #		Email:		
Date of Birth	Dri	vers License #:		State
Address:			City, State, Zip	
Landlord's Name			Landlord's Phone	
Rent Amount	How long?	Reason for Leavin	g	
Have you ever been evicte	ed?		Have you ever filed bankruptcy?	
Have you ever been convi	cted of a crime (other		Please explain:	

**Employer Phone** 

Previous Employer					Phone			
Address				How lo	ng employed	Income		
Please list all other people	who will be living v	with you, re	gardless of the	ir age. Un	authorized occup	ants is cause for ev	riction	
Name			Date of B	irth		SSN #		
Name			Date of B	irth		SSN #		
Name			Date of B	irth		SSN #		
Name			Date of B	irth		SSN #		
Any Pets?		Additional pet deposit may be required.						
	How many		Type					
How many vehicles do you	ı have?							
Year	Make			Model		Color		
Year	Make			Model	Color			
Year	Make			Model		Color		
Reference / persons to co	ntact in case of eme	ergency						
Name		Address			Phone			
Name		Address			Phone			
Name		Address			Phone			
Do you have any other inc	ome or receive any	financial a	ssistance? Desc	ribe:				
Rent Payments: We do not c exchanges and Wal-Marts. T				ine at Paylease.co	om. Cash payment	s can be made in per	son at most currency	
I declare the statements above future rent collections.	ve are true and correc	ct. I authoriz	e verification of	my references, er	nployment and cre	dit as they relate to r	ny tenancy AND to	
I understand any misstateme	nts above are cause f	or lease terr	nination and evic	tion.				
I certify that I am not manufa evidence of such is found on illegal drugs.								
Applicant's Signature						Date:		
Co-Applicant's Signature						Date:		
For Office use only Verified	d SSN	DL	Inc	Tenancy	Credit	Ref		
	NZZ	DI	Inc	Tenancy	Credit	Pof		

How long employed

Income

Employer address