



RESIDENTIAL LEASE APPLICATION ("Application")

(NOTE: Each adult person that will reside in the rental property (occupants) must complete and sign a separate application form.)

(NOTE: All requests for information as set forth in this Application must be provided and any omission or misrepresentation of any information is automatic grounds for rejection of this application.)

(NOTE: HP Rentals, LLC Management does not deny or reject applications on the basis of race, color, religion, national origin, sex, ancestry, age, marital status, physical or mental handicap, familial status or any other class protected by Article 3 of the Illinois Human Rights Act or federal law.)

ALL INFORMATION MUST BE CLEARLY PRINTED OR TYPED (THIS APPLICATION MAY BE REJECTED IF THE INFORMATION PROVIDED IS ILLEGIBLE):

Applicant/Occupant Name (include middle name, maiden name and any other married name(s)): _____

Current Address (include City/State/Zip): _____

Driver's License Number or State Identification Number (please present for copying prior to move in): _____

E-Mail Address: _____

Telephone Number (work) (include area code) : (_____) _____

Telephone Number (cellular or pager) (include area code): (_____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: (mm/dd/yyyy): _____ / _____ / _____

Full Residency History (at a minimum, include previous 5 years):

Address	County	City	State	Move In Date	Move out Date
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

List all intended occupants: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Current Landlord and Last Previous Landlord (if applicable)(include address and telephone number):

1. _____

2. _____

Current Employer: _____ Department: _____

Length of Employment: _____ Position/Job Title: _____ Net Monthly (take home) Income: \$ _____

Employer's Address (include City/State/ZipCode): _____

Other Income(s) (explain in full): _____

Name and Address of nearest living relative not living with you (for emergencies or messages) (include City/State/Zip Code): _____

Relative Telephone Number (include area code): (_____) _____ - _____ Relative Relationship: _____

Do you or any intended occupants smoke? (Initial Only One): yes no

(Please Turn Application Over To Complete Page 2)

