

Screening Reports, Inc.

729 N Route 83 Suite 321 Bensenville, Il 60106 Toll-Free Phone (866) 389-4042 Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

Applicant Name	Social Security #	Date of Birth
Applicant Signature		Today's Date



Current Address:

Previous Address:



Date of ApplicationApt. Applied For:	
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RENTAL AMOUNT \$		— Apr. Applied Fol						
	Property:							
		Referred	by:					
LEASE PRINT AND ANSWER APPLICANT	ALL QUESTIONS			•				
Print Name:		Home Phone	e:		Cell Phone:			
Social Security #:		Date of Birtl	h:	E-Mail Address:				
Current Address:	C	City:		State:	Zip:	How Long?		
Previous Address:	(City:		State:	Zip:	How Long?		
URRENT LANDLORD/MORTGA	GEE INFORMATION	Own R	entR	esidential Home _	Manufactured Home			
PRINT NAME:			PHONE	#:				
ADDRESS:			FAX #:					
RENTAL DATES: FROM:	TO:		MONTH	ILY RENT AM	OUNT:			
REVIOUS LANDLORD/ MORTGA	GEE INFORMATION							
PRINT NAME:								
ADDRESS:			FAX # :					
DATES: FROM:	TO:		MONTHLY AMOUNT:					
OCCUPATION OF APPLICANT								
PRESENT EMPLOYER	SUPERVISOR:			BUSINESS/EMPLOYER PH. #:				
	POSITION:			BUSINESS/EMPLOYER FAX #:				
	ANNUAL INCOME:			EMPLOYMENT DATES:				
REVIOUS EMPLOYMENT IF LESS T	HAN 4 YEARS ON PRESEN	Т ЈОВ						
PREVIOUS EMPLOYER	SUPERVISOR:		BUSINESS/EMPLOYER PH.#:					
	POSITION:			BUSINESS/E	EMPLOYER FAX#:			
ANNUAL INCOME: ,			EMPLOYMENT DATES:					
OINT APPLICATION? YES_	NOIF 'NO	', PLEASF	E PROCI	EED TO #3 (C	THER OCCUPANT	ΓS)		
JOINT APPLICANT					G '' ''			
Print Name: Home Phone Social Security #: Date of Birth								
Social Security #:	n:		E-Mail Address:					

IF CURRENT AND/OR PREVIOUS LANDLORD/MORTGAGEE INFORMATION IS THE SAME FOR JOINT APPLICANT—PLEASE PROCEED TO EMPLOYMENT SECTION.

City:

City:

State:

State:

Zip:

Zip:

How Long?

How Long?

CURRENT LANDLORD/MO	ORTGAGE	EE INFORM	IATION _	Own	Rei	ntR	esiden	ntial Home	Manufactured Home	
PRINT NAME:						PHONE #:				
ADDRESS:					FAX #:					
RENTAL DATES: FROM: TO:						MONTH	HLY F	RENT AM	IOUNT:	
PREVIOUS LANDLORD/M	ORTGAG	EE INFORI	MATION							
PRINT NAME:						PHONE	:#:			
ADDRESS:						FAX #:				
DATES: FROM:		TO:				MONTH	HLY A	AMOUNT	?:	
OCCUPATION OF JOINT APPI	ICANT									
PRESENT EMPLOY		SUPERVIS	OR:			BUSINESS/EMPLOYER PH. #:				
		POSITION:	<u> </u>				BUS	SINESS/E	MPLOYER FAX #:	
		ANNUAL I					EMI	PLOYME	NT DATES:	
PREVIOUS EMPLOYMENT IF	LESS THA	N 4 VEAR	S ON PRES	ENT JOI	R	I				
PREVIOUS EMPLOY		SUPERVI		21(1 001	<u> </u>	BUSINESS/EMPLOYER PH.#:				
		POSITION	N:				BUSINESS/EMPLOYER FAX#:			
		ANNUAL	INCOME	l: ,		EMPLOYMENT DATES:				
3. OTHER OCCUPANTS - LIST BELOW THE NAMES OF ALL OTHER PERSONS (IN ADDITION TO APPLICANT(S) LISTED ABOVE) TO OCCUPY PREMISES REGULARLY. OCCUPANCY IS RESTRICTED TO INDIVIDUALS LISTED. A CRIMINAL BACKGROUND CHECK WILL BE PERFORMED IF 14 YRS.+ FULL NAME RELATIONSHIP AGE DATE OF BIRTH REMARKS							RMED IF 14 YRS.+			
4. AUTOMOBILES		Ī								
HOW MANY AUTOS? APPLICANT # 1 DRIV APPLICANT # 2 DRIV								VERIFIED		
MAKE MODEL YEAR			COLOR			LIC. PLATE#		STATE		
5. OTHER INCOME										
			HONE #			R	EFERENCE	VERIFIED		

6. REFERENCES (F	INANCIAL REFERENC	ES)				
NAME			ADDRESS	ACCC	ACCOUNT NUMBER(S)	
BANK:				CHECKING ACCOUNTS AVINGS ACCOUNTS		
BANK:				CHECKING ACCOUNTS SAVINGS ACCOUNTS		
7. PETS Do you have any pets	that will be living with yo	ou? (if permitted)	Yes No If yes.	, how many?		
ТҮРЕ		BREED	WEIGHT	HEIGHT	AGE	
8. EMERGENCY IN	FORMATION					
Member of your im	mediate family		Relationship	Telephone N	Telephone Number	
Street Address			City & State or Province	2	Zip Code	
Another emergency	contact		Relationship	Telephone	Number	
Street Address			City & State or Province	2	Zip Code	
PERSONAL REFI Personal references Last Name,			als not related to applicant.			
Last Name,	First Name	Te	elephone Number			
LEASE OR REN'	TAL PERIOD TO C	OMMENCE ON _		END		
LESSOR ACKNO AS EARNEST M	OWLEDGES RECEI ONEY DEPOSIT O	IPT OF \$ N ACCOUNT FOI	MONEY ORDER R THE ABOVE DESCRIBE	R # OR CHE D APARTMENT.	CCK(S) #	
APPLICANT UN	IDERSTANDS THA	T THERE IS A NO	ON-REFUNDALBE APPLIC	CATION FEE OF \$	·	
REFUNDABLE I	IF THIS APPLICAT	ION IS REJECTEI	OF \$FOI D BY THE MANAGEMENT MENT ARE FULFILLED.	R RENTAL UNIT #	IS ONLY OVE OUT IF ALL OF THE	

I/We hereby authorize *Screening Reports, Inc.*, to do a complete investigation of all information provided above. I/We have personally filled in and/or reviewed all information listed above. A complete investigation may include any or all of the following: Credit Report, Criminal Record Search, Rental History References, Employment Verifications, Vehicle Records, Licensing Records, Personal Interviews with above references and/or any other necessary information. I/We understand by signing this release, I/We are allowing *Screening Reports, Inc.* to perform a criminal background search on additional occupants for the address applied for. I/We acknowledge that SRI provides reports to apartments/rental units and does not participate in the approval or denial process. I/We acknowledge that SRI monitors criminal activity and reports it promptly to the community. My/Our signature(s) below authorizes all above listed companies to release rental, job history (including salary) and criminal record information.

I/We hereby expressly release SCREENING REPORTS, INC., its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information. I/We understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete. The information may be used in determining whether to lease to me a home/homesite in the community. I agree that I have no right to occupy a home/homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

	Applicant # 1 Pr	int Name	Signature	Date
-	Applicant # 2 Pr	int Name	Signature	Date
The abov	ve signature(s) are	allowing a 'social security trace/c	riminal only' report be complete	d on the following occupants:
Name:		Social Security #	<u> </u>	_DOB
Name:		Social Security #	<u> </u>	DOB
Name:		Social Security #	<u> </u>	_DOB
Name:		Social Security #	<u> </u>	_DOB
CURRE	NT ADDRESS FO	R ABOVE NAMES		

IF ADDITIONAL OCCUPANT IS 18 YEARS AND OLDER AND IS NOT CONSIDERED AN 'APPLICANT', PLEASE SIGN THE RELEASE ON THE NEXT PAGE.

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Print Name

Signature

Date

The above signatures) are allowing a 'social security trace/criminal only' report be completed on the following occupant:

Name:

Social Security #

DOB

DOB

Current Address