

# Rental Application

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# Amber Pointe Apartments

2002 E Amber Lane, Urbana, IL 61802

## Applicant Information

All adults living in one apartment must fill out a rental application and be approved. Application fee is \$40.00 (cash or check only).

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Address Apt/Unit #  
\_\_\_\_\_  
City State ZIP Code

Current Rent Payment: \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving present address: \_\_\_\_\_

Have you ever been evicted, asked to vacate, or otherwise vacated a rental premises under circumstances other than an ordinary lease expiration? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Present Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Gross Inc/Month: \$ \_\_\_\_\_

Are you currently a full-time student? YES NO  
  Name of School: \_\_\_\_\_

If unemployed, what is your source of income? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Color: \_\_\_\_\_

### Individuals Living in the Apartment

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Emergency Contact

*Please list someone other than your spouse or roommate.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  

Street Address
Apt/Unit #
  
 \_\_\_\_\_  

City
State
ZIP Code
  
 Phone: \_\_\_\_\_

### Disclaimer and Signature

*Applicant hereby verifies that the statements above are true and authorizes verification of all references given and understands that a routine credit check will be conducted. Applicant further understands that once the application has been processed and approved the deposit is NON-REFUNDABLE.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use ONLY

Preferred Unit: _____			
Move-In Time Frame: _____			
Application Fee Paid:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Notes: _____
Run Credit:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Washer/Dryer Rental:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Pet Deposit:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Garage:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	