Application for Rental

Amber Pointe Apartments 2002 E. Amber Lane Urbana, IL 61802 Telephone: 217-384-5131 Fax: 217-384-5129

All adults living in one apartment must fill	out application for rental and be approved.			
Preferred Floorplan:	Email Address			
	Last Name			
Social Security #: D	OB Drivers Lic #			
Present Address:	City, State, Zip			
If less than 2 years-Previous Address:_				
How Much Rent are you currently paying:	Cell Phone #			
Landlord's Name:	Telephone #			
explain	otherwise vacated a rental premises under ration? Yes No If yes, please			
Position Held:	Gross Inc/Month			
Are you currently a full time student? Yes	_NoName of School			
If unemployed, what is your source of income?	Amount:			
State Name, Relationship and Age of anyone to	be living with you:			
Name:	DOB			
Name:				
Name:	DOB			

Automobile:	Make:	_Model:		Year:
License	e Plate #		_Color:	
	Make:	Model		Year:
License	e Plate #		_Color:	
IN CASE OF E	EMERGENCY CONTA	СТ		
Name_			Relationship_	•
Addres	S			
Teleph	one		_	
Reason for leav	ving present address			

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		
Cionotuno		×	
Signature:	Date		