



The Suite Life, Inc. / The Apartment Life, Inc.
P.O. Box 493, Manteno, Illinois 60950
Phone: (815) 468-1103 ? Fax: (815) 468-1178

APPLICANT 'S RELEASE OF INFORMATION

APPLICANT hereby authorizes The Suite Life, Inc. / The Apartment Life, Inc. to gather information about applicant, including, but not limited to:

1. Past rental history
2. Financial information
3. Police Contact Report: Alpha/RMS
4. References
5. Credit references and history
6. Social Security Number, date of birth and current address

Such information shall only be used by The Suite Life, Inc. / The Apartment Life, Inc. for the screening of applicant on behalf of a landlord or owner for applicant qualifications as a tenant of landlord or owner.

Signed this _____ day of _____, _____ (year)

APPLICANT'S PRINTED FULL NAME:

APPLICANT'S SIGNATURE:

RENTAL APPLICATION (Page 1 of 2)

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated.

PERSONAL

APPLICANT (please print full name): _____

MARITAL STATUS: Single Married since (date) ____/____/____ Divorced since (date) ____/____/____ Former spouse _____

BIRTH DATE: ____/____/____ SS# _____ DRIVERS LICENSE #: _____ State Issued by: _____

ADDRESSES

Present Address: _____ City, State, Zip: _____

Since: ____/____/____ Monthly Rent: \$ _____ Present Phone # () _____

Present Landlord / Address: _____ City, State, Zip: _____

Is present rent up to date? YES NO Have you given notice? YES NO Have you been asked to leave? YES NO

Previous Address: _____ City, State, Zip: _____

How long at this address? _____ Monthly Rent: \$ _____ Previous Phone # () _____

Previous Landlord / Address: _____ City, State, Zip: _____

Are there any outstanding issues? YES NO Had you given notice? YES NO Were you asked to leave? YES NO

Previous Address: _____ City, State, Zip: _____

How long at this address? _____ Monthly Rent: \$ _____ Previous Phone # () _____

Previous Landlord / Address: _____ City, State, Zip: _____

Are there any outstanding issues? YES NO Had you given notice? YES NO Were you asked to leave? YES NO

OCCUPANTS

NAME	RELATIONSHIP	BIRTH DATE

Any PETS? YES NO If yes, give details (number, type & size): _____

VEHICLES

#1 Make/Model _____ Color _____ License Plate # _____ State: _____

Lien Holder: _____ Acct # _____

#2 Make/Model _____ Color _____ License Plate # _____ State: _____

Lien Holder: _____ Acct # _____

EMPLOYMENT

Current Employer: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Start Date: ____/____/____ Your Title: _____ Monthly Gross Salary: \$ _____

Supervisor's Name: _____ Phone # () _____

Previous Employer: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Start Date: ____/____/____ End Date: ____/____/____ Your Title: _____ Monthly Gross Salary: \$ _____

Supervisor's Name: _____ Phone # () _____

Previous Employer: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Start Date: ____/____/____ End Date: ____/____/____ Your Title: _____ Monthly Gross Salary: \$ _____

Supervisor's Name: _____ Phone # () _____

RENTAL APPLICATION (Page 2 of 2)

INCOME

Bank / Credit Union: _____ Account # _____

Bank / Credit Union: _____ Account # _____

Please list any additional sources of income you would like to include:

Income Amount \$ _____ Weekly / Biweekly / Monthly / Yearly Source: _____

Income Amount \$ _____ Weekly / Biweekly / Monthly / Yearly Source: _____

Income Amount \$ _____ Weekly / Biweekly / Monthly / Yearly Source: _____

REFERENCES

List at least one relative and one non-relative (friend, co-worker, etc.)

Name: _____ Relation: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Name: _____ Relation: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Name: _____ Relation: _____ Phone # () _____

Address: _____ City, State, Zip: _____

Emergency Contact Person: _____ Phone # () _____

CREDIT ACCOUNTS

List all current, open accounts including credit cards, student loans, department store cards, other loans, etc.

CREDITORS NAME	ADDRESS	ACCOUNT #	Total \$ Amount Owed	Monthly Payment \$ Amount
				\$
				\$
				\$
				\$
				\$
				\$

Has any signer ever been sued for bills? YES or NO Has any signer ever been sued for eviction? YES or NO

Has any signer ever been bankrupt? YES or NO Has any signer ever been guilty of a felony? YES or NO

Has any signer ever broken a lease? YES or NO Is the total move-in amount available now? YES or NO

If any "Yes" answers to the above questions, or outstanding issues with previous landlords/owners please explain:

Name in which utilities are now billed and account number: _____

Applicant authorizes The Suite Life, Inc. / The Apartment Life, Inc. to contact past and present landlords, employers, creditors, credit bureau, neighbors, and any other sources deemed necessary to investigate applicant. All the information is true, accurate and complete to the best of applicant's knowledge. Landlord and/or Owner reserves the right to disqualify applicant as a tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

AGREED TO AND ACCEPTED BY:

Signature of Applicant

Date