

College Housing Group
Rental Application
1315 W. Lincoln Hwy #118 815-758-7374

Date: _____ Email Address: _____ Unit # or Desired Type of Unit: _____

Name: _____ Cell Phone: _____ Car Make: _____ Model: _____ Year: _____

Address: _____ Home Phone: _____ Car Color: _____ License: _____ State: _____

_____ City _____ State _____ Zip _____ Student: Yes _____ No _____ Major: _____

Social Security #: _____ Driver's License #: _____ Year in School: FRESH _____ SOPH _____ JR _____ SR _____ GRAD _____

Parent/Guardians Names: _____ Smoking? _____ Non-Smoking? _____ Party More? _____ Study More? _____

Address: _____ How will rent be paid? Savings _____ Grant _____ Parents _____ Loan _____ Job _____

_____ City _____ State _____ Zip _____ Other (explain): _____

Employer/Father: _____ Phone: _____ How did you find us? Newspaper _____ Billboard _____ Sign _____ Internet _____ Mail Ad _____

Employer/Mother: _____ Phone: _____ Friend: _____ Other: _____

Name, Address & Phone Number of Last Landlords, and Credit References: Credit Cards, Loans, Utilities.

1) _____ Phone: _____ If yes, why? _____

2) _____ Phone: _____

3) _____ Phone: _____

Present Employer: _____ Income: _____

Phone: _____ (Per Month) _____ Length Employment: _____

Immediate Supervisor: _____ Signature: _____ Date: _____

TO BE NOTIFIED IN CASE OF EMERGENCY (not of same household address.)

Name: _____ Phone: _____

Address: _____

Name of current bank: _____ Phone: _____

Savings: Yes or No _____ Checking: Yes or No _____

*A copy of your Driver's License or State ID is required as verification of the above info.

Check Verified by Bank: By: _____ Date: _____ Comments: _____

Parent Guarantee Signed - Date Received: _____

AUTHORIZATION RELEASE FORM

I certify that the name, social security, and address(es) given are true and correct to the best of my knowledge. You are hereby authorized to make any investigation of my personal and financial history and pull a credit report through any credit reporting agency. I hereby authorize the release of all information, including credit, employment, salary, and rental information to any credit reporting agency. I am willing to allow a photocopy of this authorization be accepted with the same authority as the original.

Signature: _____ Date: _____

If for any reason, the above named person decides not to rent the apartment, they will have seven days from the date of this application to recover their deposit minus a \$50 fee. A cancellation after seven days will result in a forfeiture of the security deposit paid.

FOR ON SITE OFFICE USE ONLY

Landlord Check:

1) Name: _____ Phone: _____

By: _____ Date: _____ Comments: _____

2) Name: _____ Phone: _____

By: _____ Date: _____ Comments: _____