

## College Housing Group - Rental Application

1315 W. Lincoln Hwy #118, DeKalb, IL 60115  
 Phone #: 815-758-7374 Fax #: 815-758-2630

### Applicant Information:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City State Zip

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_

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

Name of Current Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Savings Account: YES or NO

Checking Account: YES or NO

Present Employer: \_\_\_\_\_ Income (per month): \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

### Previous Landlords and/or Resident Halls:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 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 any information, including credit, employment, salary, rental information, and criminal history 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 \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Names: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Employer/Father: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer/Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### Contact In Case of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Unit # or Desired Type of Unit: \_\_\_\_\_

<b>Student:</b>	NIU _____	<b>How will rent be paid?</b>
	Kishwaukee _____	Savings _____ Grant _____ Parents _____
	NO _____	Loan _____ Job _____
<b>Current Year in School:</b>	Other (Explain) _____	
Freshman _____	Sophomore _____ Junior _____	<b>How did you find us?</b>
Senior _____	Grad School _____	Newspaper _____ Billboard/Sign _____ Internet _____
Other (Explain) _____	Mail Ad _____	Friend _____
Smoking? _____	Non-Smoking? _____	Other (Explain) _____
Party More? _____	Study More? _____	Have you ever been evicted? YES or NO
		If YES, why? _____

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.