

BAY HARBOR RENTAL APPLICATION

mail to P.O Box 617, Champaign, IL 61824 with \$10 application fee and photo copy of ID

Name _____ SS# _____

Drivers License # _____ Address: _____

Spouse's Name _____ SS# _____

Drivers License # _____ Address _____

Marital Status: Single ___ Married ___ Widow ___ Divorced ___ Separated ___

Present Landlord's Name _____ Phone # _____

How long have you lived at this address? _____ Reason for leaving _____

Do you have a lease? _____ Paid rent on time? _____ Complaints against you? _____

Previous address _____

Landlord _____ Phone # _____

How long were you there? _____ Reason for leaving _____

Employment

Employer _____ address _____

Phone # _____ Position _____ How long? _____ MO net income _____

Previous Employer _____ Phone? _____

Spouse Employer _____ address _____

Phone # _____ Position _____ How long? _____ MO net income _____

Please list all other income _____

Make and model of car _____ Color _____ Lic Plate _____

Spouse's Make and Model of car _____ Color _____ Lic Plate _____

List name, age and relationship of all persons who will live in the apartment

Credit:

List all credit cards, charge accounts, car loans, and monthly payments you have.

Name of creditor Address/Phone Monthly payment Do you pay as agreed? Balance due

Bank Info: Name _____ checking? _____ savings _____

How did you hear about Bay Harbor? _____

Do you have any relatives or friends that live at Bay Harbor? Please list

Will you have a waterbed? _____ Do you have pets? _____

If yes, please list _____

Do you have renters insurance? ____ If yes, list _____

Have you or any of the other occupants ever been evicted? _____

Sued for non-payment or damages? _____ Been given notices for too much noise or too many visitors? _____

Please explain: _____

Please list three people who may be frequent visitors or personal references:

Name	Relationship	Address	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, whom would you want called? _____

Phone # _____ Relationship _____

Address _____

WE HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF DETERMINING MY/OUR ELIGIBILITY FOR CREDIT. YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HERIN, AND TO DETERMINE MY/OUR CREDIT WORTHINESS, INCLUDING, BUT NOT LIMITED TO, PROCURING INFORMATION FROM THE CHAMPAIGN COUNTY CREDIT BUREAU, PRESENT AND FORMER EMPLOYERS, LANDLORDS, CREDITORS, AND POLICE AGENCIES.

I/WE UNDERSTAND THAT THERE IS A \$10.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR PER MARRIED COUPLE THAT APPLIES JOINTLY.

Applicant's signature _____ date _____

Applicants Date of Birth _____ contact phone # _____

Spouse's Signature _____ date _____

Spouse's Date of Birth _____ contact phone # _____

Please list the apartment and/or building you were interested in _____