



COURTS OF THE FALLING WATERS

Return application to: 7330 Fairmount Avenue, Downers Grove, IL 60516

Phone: (630) 964-6900 • Fax: (630) 964-7465

APPLICATION FOR RENTAL OF _____ APT. NO. _____

(Property Name and Apartment Address)

Lease Term _____ Lease Effective Date _____ Date Moving In _____

Amt. of Monthly Rent _____ Amount of Monthly Park _____ Stall No. _____

APPLICATION PROCESSING FEE \$ _____ THIS FEE IS NON-REFUNDABLE SHOULD THIS APPLICATION FOR RENTAL BE ACCEPTED OR NOT

INSERT N/A FOR NON-APPLICABLE ITEMS. **UNMARRIED APPLICANTS PLEASE COMPLETE SEPARATE APPLICATIONS.**

PLEASE SUPPLY 3 YEARS OF RENTAL AND EMPLOYMENT HISTORY.

		Driver's License #	Social Security #
APPLICANT (PLEASE PRINT CLEARLY)	Date of Birth		
Applicant #1 (Complete Legal Name)			
Applicant #2 (Complete Legal Name)			

Present Address	Apt #	How Long?	Date Base	DO NOT WRITE BELOW To be checked by Leasing Agent
City	State	Zip	Home Phone	
Present Landlord or Caretaker	Reason for moving	Rent Paid	Phone	
Previous Address	Apt #	How Long?		
Previous Landlord or Caretaker	Reason for moving	Rent Paid	Phone	

SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)

For Applicant #1 - Employer	Salary	Position	Phone
Address	Supervisor's Name		How Long?
Previous Employer			Phone
Address	Reason for Leaving		How Long?
For Applicant #2 - Employer	Salary	Position	Phone
Address	Supervisor's Name		How Long?

ADDITIONAL SOURCES OF INCOME (i.e. PART TIME JOB, DISABILITY)

Source	Amount	Phone
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BANK ACCOUNT (INDICATE BRANCH - INDICATE SERVICES USED)

Name		<input type="checkbox"/> Savings
Address	Zip	<input type="checkbox"/> Checking
		<input type="checkbox"/> Loan

AUTO (S)

Make	Year	License Plate #	Model & Color
Monthly Auto Payment \$	Paid to Whom (Even if paid in full)		
Make	Year	License Plate #	Model & Color
Monthly Auto Payment \$	Paid to Whom (Even if paid in full)		

REFERENCES

PETS NO YES Kind

Name of Father and/or Mother (Applicant #1)	Phone		
Address	City	State	Zip
Name of Father and/or Mother (Applicant #2)	Phone		
Address	City	State	Zip
Personal References (No Relatives Please)			
Address	City	State	Zip
IN CASE OF EMERGENCY PLEASE CONTACT (RELATIONSHIP)	Phone		
Address	City	State	Zip

CREDIT REFERENCES (BE SPECIFIC)

Account Name	Address	Account #
Account Name	Address	Account #
Account Name	Address	Account #

**PLEASE MAKE CHECK
PAYABLE TO:
WHITE BIRCH CO.**

List all occupants	Relationship	Age

Please list on the back other data which may affect the acceptance of this application. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects, and I authorize whatever credit investigation you may consider appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. If a credit reporting agency furnishes a report, it's name and address will be furnished upon my request. The full security deposit of \$ _____, paid on (date) _____ is to be held as a rental deposit for entering into this agreement. I understand I may cancel this application by written notice within 24 hours and receive a full refund of this deposit. If I cancel after 24 hours or fail to execute Management's usual rental agreement, or refuse to occupy the premises on agreed upon date, I understand this deposit will be retained by Management. Also, the application is preliminary only and involves no obligation of Owner or it's Agent to approve same, to deliver occupancy of or tender any lease to said premises.

Approved by: _____

Date: _____

Signature Applicant

Date

Signature Applicant

Date