

**Application for Occupancy**

**Must Be Filled Out Completely**

How Did You Hear About Us?  Drive-By  Newspaper  Zillow  Internet  Word of Mouth  
 Lived Here Before  Other \_\_\_\_\_

**Personal Information:**

Full Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

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

Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household Members:**

Name	Relationship	Birthdate	Age	Sex	Social Security Number
	You: Head of Household				
	Adult or Child				
	Adult or Child				
	Adult or Child				

**Your Employment – Head of Household**

Employer \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long at Present Job? \_\_\_\_\_ Annual Income: \_\_\_\_\_

Previous Employer (if less than 1 year at current job) \_\_\_\_\_ Phone: \_\_\_\_\_

**Co-Applicant Employer** \_\_\_\_\_ Employer's Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**General Information**

1. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, are you a non-citizen with eligible alien status? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. When would you like to move? \_\_\_\_\_

3. Will anyone else live with you? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, who: \_\_\_\_\_

4. Do you have a Pet? \_\_\_\_\_ No \_\_\_\_\_ Yes What Type/Breed: \_\_\_\_\_ Weight of Pet: \_\_\_\_\_

**NOTE: Dogs over 35 lbs. or of an Aggressive Breed will NOT be accepted for residency.**

*Any applicant who purposefully falsifies, misrepresents, or withholds any information or submits inaccurate and/or incomplete information on this application will not be considered for housing.*

**Housing History:**

List the complete housing information for the past three years for all adult household members. List all the places you or members of your household have resided.

Current Residence:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

How Long at This Address: From \_\_\_\_\_, \_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

Previous Residence:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

How Long at This Address: From \_\_\_\_\_, \_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

**Income Verification:**

Please list all sources of income:	Applicant
	Gross Monthly Income
Employment: Wages or salaries	
Other (amount & description)	
Monthly Debt (amount & description)	

**Miscellaneous Information:**

Have you or any household member ever: Been Evicted? \_\_Yes \_\_No Declared Bankruptcy? \_\_Yes \_\_No  
 Been Convicted of a or Pleaded Guilty to a Felony including Sexual Misconduct? \_\_\_\_Yes \_\_\_\_ No

If any checked yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**There is a NON-REFUNDABLE PROCESS FEE of \$ 50.00 per adult.**

I understand that the information in this application is true and accurate. If not, management may decline this application for residency.

- I authorize management to contact any parties listed above. I also authorize management to obtain my credit report and criminal background check from a credit screening service.
- I understand that all apartments are offered without regard to race, color, gender, religion, national origin, sex, disability, or familial status.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Driver's License: \_\_\_\_\_

<b>For Office Use Only</b>
Unit _____ Rent _____
Term _____
Sec. Dep. _____
Move-In Date _____
Approved By _____

**PLEASE COMPLETE THIS FORM AND RETURN TO OFFICE:**  
Or Via US Mail to:  
**True Properties II**  
**P. O. Box 2611 Glen Ellyn, IL 60138 OR Fax to: 331-229-8198**