

LAING MANAGEMENT CORPORATION
701 LUCINDA AVENUE
DEKALB, ILLINOIS 60115
(815) 758-1100
fax- (815) 758-1115

*There is a \$15.00 application
fee per person over the age of 18.*



RENTAL APPLICATION

DATE: _____

Applicant's Full Name: _____

Present Address _____ Phone: (____) _____

City _____ State: _____ Zip _____ Cell Phone: (____) _____

Social Security Number: _____ Date of Birth _____

Driver's License Number: _____ E-Mail Address _____

Co-Applicant Name: _____

Present Address _____ Phone: (____) _____

City _____ State: _____ Zip _____ Cell Phone: (____) _____

Social Security Number: _____ Date of Birth _____

Co-Applicant D/L Number _____ E-Mail Address _____

How many persons will occupy this apartment (including self)? _____ Please List Below.

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____ Phone: (____) _____

Supervisors Name: _____ Employed From _____ to _____

Position: _____ Salary: _____ week / month / year

Co-Applicant Employer: _____

Address: _____ Phone: (____) _____

Supervisors Name: _____ Employed From _____ to _____

Position: _____ Salary: _____ week / month / year

If less than 1 year at current employer, list previous employers and phone numbers:

RENTAL HISTORY

(Previous Rental History is Required)

Current Landlord: _____ Phone: (____) _____

Landlord's Address: _____ How long at this address: _____

If Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

Address Rented: _____ Dates Rented: _____

Landlord's Address: _____ Phone: (____) _____

Co-Applicant Landlord: _____ Phone: (____) _____

Landlord's Address: _____ How long at this address: _____

If Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

PROPERTY INTERESTED IN: _____ **DATE NEEDED** _____

Preferred floor of unit? _____ If available, do you want a garage (Westport and Richport only)? _____

Do you have a pet? _____ What type? _____ Weight? _____ Age? _____

Have you ever filed for bankruptcy? _____ Been evicted from tenancy? _____

Late on your rent payments? _____ Refused to pay rent when it was due? _____

Been convicted of a felony? _____ Who referred you to Laing Management? _____

Applicant: Who to contact in case of emergency _____ **phone #** _____

relationship _____ **address** _____

Co-Applicant: Who to contact in case of emergency _____ **phone #** _____

relationship _____ **address** _____

Please sign the Verification of Residency/ Employment release on the back of application.

For Office Use

Please return the application to Laing Management.
We will contact your landlord/employer for further information. Thank you

Credit fee paid

Verification of Residency/ Employment

Phone # 815-758-1100 Fax # 815-758-1115

Your submitted application will be processed immediately.

I hereby authorize my Landlord/ Employer and/or credit agency to disclose the information requested below to Laing Management Corp.

Applicant name (print)

Applicant signature

Co-Applicant name (print)

Co-Applicant signature

Initial Here

I understand that a unit is currently not available but request that you process my application.

• ***A minimum credit score of 650(NO EXCEPTIONS!) per applicant (co-sign not allowed for credit score) with favorable credit information.***

• ***A non-related one year positive rental reference***

• ***Rent can not exceed 28% of your total income is required. (ex: if rent is \$805.00, total income should be a minimum of \$35,000/year)***

From: Laing Management Corp. The applicant referenced above has applied for an apartment and has indicated you as their Landlord/ Employer. Please complete the following information and return it to us at your earliest convenience.

I. Landlord

Address:

1. Lease dates _____
2. How many people signed to the lease? _____
3. Rent amount \$ _____ Security Deposit amount \$ _____
4. Amount of past due balance \$ _____
5. Number of late payments: _____
6. Number of NSF checks in last 12 months _____
7. Have any unauthorized persons lived in this unit? _____
8. Has this resident been found with a pet? _____ Is it permitted? _____
9. Have there been any noise problems? _____
10. Have the police been called regarding the applicant or guests? _____
If yes, please explain _____
11. Has the applicant or guests acted in a physically violent or verbally abusive manner toward neighbors or staff? If yes, please explain _____
12. Amount of security deposit refunded to tenant \$ _____ Please explain _____
13. Would you rent to this resident again? _____
14. Other problems? _____
15. Are you related to this applicant? _____ If yes, how? _____

II. Employer

Employee Name:

1. Starting date _____
2. Salary _____
3. Seasonal Part time Full time (please circle)- If part-time, how many hours/week? _____
4. Continued Employment expected? Yes No
5. Are you related to this applicant? _____ If yes, how? _____

III. Landlord/Employer Thank you for your assistance!

Signature

title

date