

Important Instructions: To be valid, these pages of the application form must be completed in full and signed by <u>ALL OCCUPANTS 18</u>
<u>YEARS OF AGE AND OLDER</u>. There is a \$35.00 fee for each person over the age of 18. Please print all information.

Please explain how you found out about Anita Are you moving with a pet? Yes*Pets will be accepted with: pre-approval, submissisee the property terms and conditions. Solution of the property terms are current abused. Have you or any other occupants ever been conditionally because the property terms and conditions. But the property terms are conditionally because the proper	Terrace Apartment No ion of rabies vaccinat Each apartment is all- iome breed restriction	ts? If Yes, W. ion, execution of powed a maximum s may apply. All p	StateState	Phone # Birth Dates a separate ap Enter all Source appropriate fees peed a combined /neutered.	paid. Pet Fee i	eds to be filled out Birth	Date
Email Address Social Security # List persons to reside in apartment: If a Name Related Name Re	Terrace Apartment No ion of rabies vaccinat Each apartment is all- iome breed restriction	ts? If Yes, W. ion, execution of powed a maximum s may apply. All p	StateState	Phone # Birth Dates a separate ap Enter all Source appropriate fees appropriate fees seed a combined feutered.	paid. Pet Fee i	eds to be filled out Birth is \$250.00 for per bs (fully grown).	Date
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Have you or any other occupants ever been con Have you or any other occupants ever been con Do you or any other occupants have charges po		8		Yes	No)	
Have you or any other occupants ever been control by you or any other occupants have charges por		or manufacturing	of drugs?	Yes			
Do you or any other occupants have charges po			g of drugs:)	
		' !		Yes)	
What flagge119 1st	ending?			Yes	No)	
What floors would you like? 1 st	2 nd	3 rd	Move	in date		 	
What floors would you not like? 1st	2 nd	3 rd	-				
Number of bedrooms needed? 1 bedroom	2 bedroom						
Dunnant I am dhand							
Present LandlordName	Add	dress	City	S	State	Zip	
Present Landlord Phone #	Occupa	ancy Dates		F	Rent \$		
Previous Address			Occupan	cy: years	r	months	
Previous Landlord							
Name	Ado	dress	City		State	Zip	
Previous Landlord Phone #	 	Rental \$_					
Have you ever been evicted or broken a lease?	Yes	No	_ If Yes, please	e explain			

290 Anita Terrace #108 · Antioch · Illinois · 60002 · Tel (847) 838-6074 · Email info@anita-homes.com Applicant 1 Employer's Name Employer's Address Position Name & Title of Supervisor Number of years in present employment Phone Number of Supervisor Monthly Salary Applicant 2 Employer's Name Employer's Address Position _____ Name & Title of Supervisor Number of years in present employment Phone Number of Supervisor _____ Monthly Salary __ I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize the above named housing complex to verify the above information and consent to the release of the necessary information to determine my eligibility. I authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, credit agency, or rental history checks. Applicant 1 Signature Date Applicant 2 Signature Date Applicant 3 Signature Date Applicant 4 Signature Date Please do not write below this line. Office use only. Credit Score Monthly Income Evictions Felony Apt # Applied For: Applicant 1 Applicant 2 Monthly Rental Amount: Applicant 3 x 3 =\$ Applicant 4 Average/Total: Security Deposit Amount: \$ Other Information:

Approved: YES NO

Manager's Signature ____



