

MANAGEMENT REALTY PARTNERS

2704 GRAND AVENUE
WAUKEGAN, ILLINOIS 60085
847.244.0100 847.336.6606 - FAX

APPLICATION FOR RESIDENCY

Type/Size of Apartment Wanted: # of Bedrooms _____ Price Range _____ Date Wanted _____

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security # _____ Drivers License # _____ State _____

Marital Status _____ Present Telephone _____ Work Telephone _____

PRESENT ADDRESS _____ Zip Code _____

Present Landlord _____ Landlord Telephone _____

How long have you lived at present address? _____ Amount of Rent _____

Reason for moving _____

PREVIOUS ADDRESS _____

How long at previous address? _____ Landlord _____ Landlord Telephone _____

Reason for moving _____

EMPLOYED BY _____ How long? _____

Employer Address _____ Zip Code _____

Employer's Telephone _____ Supervisor _____ Dept. _____

Your Position _____ Net Income _____ Per _____

Previous Employer _____ Your Position _____ How Long _____

CO-APPLICANT _____ Date of Birth _____

Social Security No. _____ Drivers License # _____ State _____

PRESENT ADDRESS _____ Zip Code _____ How Long _____

Present Landlord _____ Landlord Telephone _____

Reason for moving _____

EMPLOYED BY _____ How Long _____

Employer's Address _____ Employer Telephone _____

Supervisor _____ Dept. _____ Net Income _____ Per _____

OTHER RESIDENTS

RELATIONSHIP

AGE

Do you have any pets? _____ Type _____ Weight _____ Breed _____

Automobile _____ Year _____ Color _____ Plate No _____ State _____

Automobile _____ Year _____ Color _____ Plate No _____ State _____

IN CASE OF EMERGENCY: _____ Relationship _____

Address _____ **Telephone No** _____

I (henceforth referred to as Applicant) am depositing herewith; the sum of \$ _____ as a partial/full payment of \$ _____, receipt of which is acknowledged as non-interest bearing deposit (and not as a rental payment) to be retained by Lessor for the duration of Applicant's occupancy of said apartment. In the event the applicant is approved and Applicant fails or refuses **FOR ANY REASON**, to occupy the said apartment, the Owner shall retain said deposit. In the event this application is not approved, the deposit will be returned to the Applicant.

The Applicant hereby gives **MANAGEMENT REALTY PARTNERS** and its authorized agents permission to utilize all of the above information to approve or disapprove this application for residency.

DEPOSIT APPLIED TO: Address _____ Rent: _____ Move In Date: _____

NON-REFUNDABLE APPLICATION FEE: \$50.00 (1) _____ Paid \$75.00 (2) _____ Paid

Applicant Date

Applicant Date