



Residential Lease Application

South Pointe Commons, L.L.C.

200 West Frost Avenue, Rantoul, Illinois 61866
217-892-4555 ~ Fax 217-892-2292
www.sthpointe.com

OFFICE USE ONLY

Date of Application _____

Property Address _____

Rental Amount _____

The undersigned hereby makes application to rent unit number _____ beginning on _____, 20____ at a monthly rent of \$ _____ located at South Pointe Commons in Rantoul, Illinois.

APPLICANT INFORMATION (Co-Applicant must fill out a separate application)

Full name _____ Date of Birth _____

Social Security Number _____ Driver's license# _____

Phone: Day () _____ Evening () _____ Cell () _____

Vehicle year, make, and model _____ License plate# _____

Current Address _____ City, State, Zip _____

APPLICANT EMPLOYMENT INFORMATION 2 YEAR HISTORY

(Check which applies) Employment: ___ Full Time ___ Part-time ___ Retired ___ Unemployed

If employed less than 2 years, give previous employer below.

Employer _____ Position _____

Employer Address _____ Dates employed _____

Supervisor's name and phone number _____

Wages/Salary _____ (check) ___ Weekly ___ Every 2-Weeks ___ Monthly ___ Other _____

SPOUSE INFORMATION

Full name _____ Date of Birth _____

Social Security Number _____ Driver's license# _____

Phone: Day () _____ Evening () _____ Cell () _____

Vehicle year, make, and model _____ License plate# _____

Current Address _____ City, State, Zip _____

SPOUSE EMPLOYMENT INFORMATION 2 YEAR HISTORY

(Check which applies) Employment: ___ Full Time ___ Part-time ___ Retired ___ Unemployed

If employed less than 2 years, give previous employer below.

Employer _____ Position _____

Employer Address _____ Dates employed _____

Supervisor's name and phone number _____

Wages/Salary _____ (check) ___ Weekly ___ Every 2-Weeks ___ Monthly ___ Other _____

OTHER OCCUPANT INFORMATION

Non-related parties must fill out separate application - List name, age, and relationship of other persons, including children

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

PET INFORMATION

\$100 non-refundable fee per pet

Number of Pets _____

Pet 1: Breed _____ Height _____ Weight _____ License (required) _____

Pet 2: Breed _____ Height _____ Weight _____ License (required) _____

RESIDENCE HISTORY FOR PAST THREE YEARS

Current Address _____ Month & Year moved in _____

City, State, Zip _____ Reason for leaving _____

Owner/Agent Name _____ Phone # () _____

Rent or Mortgage _____

Previous Address(es)

Address _____ Month & Year moved in _____

City, State, Zip _____ Reason for leaving _____

Owner/Agent Name _____ Phone # () _____

Rent or Mortgage _____

Address _____ Month & Year moved in _____

City, State, Zip _____ Reason for leaving _____

Owner/Agent Name _____ Phone # () _____

Rent or Mortgage _____

OTHER SOURCES OF INCOME

Please list other sources of income you would like to be considered in this application. You are not required to list alimony, child support or spousal income unless you want this information used in consideration of this application. If more space is needed, please attach a separate sheet of paper and include the information requested below.

Amount _____ (check) ___ Weekly ___ Every 2-Weeks ___ Monthly ___ Other _____

Source _____

Contact _____

Amount _____ (check) ___ Weekly ___ Every 2-Weeks ___ Monthly ___ Other _____

Source _____

Contact _____

PAYMENT OBLIGATIONS

List any additional payment obligations that you have such as car payments, student loans, credit cars, child support or alimony obligation, other loans, etc.

Creditor	Amount Paid Monthly	Payments Remaining
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name _____ Address _____
Phone: Day () _____ Evening () _____ Cell () _____

I hereby place \$35.00 non-refundable monies toward the application process fee, which is payment for the agents time and effort in processing my inquiry, including making necessary investigation of my credit, employment and character. At the time of submitting the application, I am aware that my security deposit is refundable if, for any reason, my application is not approved.

I hereby apply to lease the above described premises for the term and upon the condition herein set forth and agree that the rent is to be payable on the 1st day of each month. Possession of the premises will not be given until the following has been completed:

1. Application has been thoroughly checked and verified.
2. Full approval has been given from Owner.
3. All monies due are paid in full (Security deposits, pet fees and rent).
4. All utility transfers are complete.

ANY EXCEPTIONS TO THE ABOVE MUST BE IN WRITING AND LISTED BELOW.

****Any false information furnished on this application will automatically result in application denial****

By signing this application, the applicant hereby authorizes Owner/Owner's Agent to verify all information herein, including but not limited to employment and salary information, criminal background check, and credit check, which includes obtaining a credit report and interviewing applicant's references and/or previous landlords. The applicant hereby consents to the credit check and authorizes any individual listed in this application to speak with Owner/Owner's Agent regarding applicants present or previous employer, verification of salary and credit performance. Applicant further releases any and all individuals who provide information to Owner/Owner's Agent from any and all claims which applicant may have resulting from information provided to Owner/Owner's Agents. The applicant also authorizes release of information based upon reliance upon either photocopies or facsimiles of the authorization. I understand fully what has been stated in the above paragraphs, and hereby waive any claim for damages by reason of non-acceptance of this application or failure to enter into a lease.

The above information is true and correct to the best of my knowledge.

Signature of Applicant	Date	Signature of Spouse	Date
------------------------	------	---------------------	------

OFFICE USE ONLY

Application Fee Paid _____ check / cash / m.o. # _____ (non-refundable)
 Applicant Deposit _____ check / cash / m.o. # _____ applied toward total security deposit in the amount of \$ _____ Monthly Rent \$ _____ Pet Fee \$ _____

Unit Address _____ Lease Term _____

Signature of Applicant	Date	Signature of Spouse	Date
------------------------	------	---------------------	------



South Pointe Commons, L.L.C.

200 West Frost Avenue, Rantoul, Illinois 61866
217-892-4555 ~ Fax 217-892-2292
www.sthpointe.com

Permission and Waiver for Information Release

Rantoul Police Department
Urbana Police Department
Champaign Count Sheriff's Department
Attn: Records Department
Champaign County/State of Illinois

Pursuant to paragraph 207(b) of the State of Illinois Freedom of Information Act, I hereby authorize the Rantoul Police Department to release, to the above named authorized agents, any information within the possession of the Rantoul Police Department pertaining to all my contacts with this department and/or and charge(s) for criminal or quasi-criminal violations or convictions resulting there from, with the understanding that the information will be treated as confidential and that it will only be used by the above named agencies for official purposes. I recognize the right of the Rantoul Police Department to consider, at its discretion, certain sources of information confidential and to withhold from me or my agent the personal identity of such confidential sources and the information obtained there from.

I hereby release the Rantoul Police Department, its employees and the Village of Rantoul from all liability for providing such information to the above-named authorized agencies for purposes indicated herein.

Applicant Signature _____ Date _____

Please complete the following: PLEASE PRINT CLEARLY

Applicant's Name _____
Last First Middle

Current Address _____
City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Place of Birth _____

Race _____ Sex _____

Applicant's Signature Agent's Signature

Applicant must provide two (2) forms of identification. One (1) form of identification must contain a photo if the applicant. The form of identification can be a Social Security card, birth certificate, Illinois I.D. card or a piece of mail with the applicant's current address.