LEASE APPLICATION

LEASE TERM	MOVE-IN	RENT	DEPOSIT	APT #	SOURCE	BY:
		\$	\$			
		API	PLICANT #1			
APPLICANT #1:			HOME PHONE: ()		
ADDRESS:			MOBILE PHONE: ())		
CITY - STATE:		ZIP:	WORK PHONE: ()		
EMAIL ADDRESS:			EMPLOYER:		YRS THERE:	YEARS
SOCIAL SEC #:			POSITION:		SALARY:	/ YEAR
DATE OF BIRTH:						
SINGLE [] MARRIE	ED[] SEP[]	DIVORCED []	BIRTH PLACE:			
EVER GET A 5-DAY NO	DTICE? YES[]	NO []	REFERENCE #1:		PHONE:	
NC	N-SMOKER []	SMOKER []	REFERENCE #2:		PHONE:	
		API	PLICANT #2			
APPLICANT #2:			HOME PHONE: ()		
ADDRESS:			MOBILE PHONE: ()		
CITY - STATE:		ZIP:	WORK PHONE: ()		
EMAIL ADDRESS:			EMPLOYER:		YRS THERE:	YEARS
SOCIAL SEC #:			POSITION:		SALARY:	/ YEAR
DATE OF BIRTH:						
SINGLE [] MARRIE	ED[] SEP[]	DIVORCED []	BIRTH PLACE:			
EVER GET A 5-DAY NO	DTICE? YES[]	NO []	REFERENCE #1:		PHONE:	
NC	N-SMOKER []	SMOKER []	REFERENCE #2:		PHONE:	
		0	CCUPANTS			
roommates staying for n	nore than 2 nights p	per month must be reg	and then only for the Appli- gistered and approved in ac isplaying current parking de	dvance by Landlord	and are subject to the o	ccupancy
OCCUPANT:			RELATION:		AGE:	
OCCUPANT:			RELATION:		AGE:	
OCCUPANT:			RELATION:		AGE:	
OCCUPANT:						

a pet is if asked respons to apart	not registe to remove ible for an ments con	registered pets are permited in the apartment or on the con ered, the animal must be removed from the apartment within e pets. Dogs, if allowed, may not be walked on lawn areas y and all damages and injuries caused by the pet without lin taining pets. In addition to the normal security deposits spo it of \$200 per animal. Pet deposits are NOT refundable.	a 24 hours of Lanlord and all wastes mus nitation. Landlord m ecified on the reverse	ds notice. Tena it be collected a nay choose not e side of this ap	ant may not terminate and placed in the trash to provide maintenan oplication, the Applica	their Lease n. Tenant is ce sercices
	[] CAT	NO DOG	S			
	[] BIR		•			
	[] FISI	H GALLONS:				
	[] DO(G BREED:				
	[] OTH	IER SPECIFY:				
mangem expense contains Applican employm gent on l sign a le	ent harmle s (includir lead paint t(s) have p nent verific _andlords ase and p rder or ba	nd pets, especially unborn children and children under seve ess from and against any and all claims, demands, damaging attorneys fee's and disbursements) which may relate to a and further agree that the building owner and management baid the building management a thirty dollar application fee cation. Payment of this application fee does not reserve an credit, background and employment checks and approvals ay a deposit equal to one months rent. For move-ins within nk check. First months rent is due and payable upon the ex-	es, losses, liabilities, applicant(s) or applic t have no obligation and authorize a cred apartment and any l If this application is n 30 days of applica arlier of the Move-In	lawsuits and o cants(s) guests to remove or o dit investigation ease signed at s approved, the tion the deposi date or receivin	ther proceedings and occupancy of an apar- therwise deal with suc- therwise deal with suc- the time of application applicants will have 2 ts must be made in ca- ng apartment keys.	costs and rtment which ch lead paint. d check and n is contin- 24 hours to ash, money
SIGN	<u>}</u>	(Applicant #1)	DATE:		Hillco Realty Manag POB 608 - Highla	
HERE	> >		DATE:		Fax: (847	7) 831-1045 7) 631-0768
		(Applicant #2)			Email: Info@HillcoF	Realty.Com
		OFFICE US	EONLY			
	Credit F	Run Date				
	Landlor	d Verification:				
		Contact Person:				
		Has the Applicant given proper notice of their plans to n	nove?	[]YES	[] NO	
		Has the Applicant paid their rent in accordance with Lea	ase terms?	[]YES	[] NO	
		Has any resident complained about the Applicant causi	ng disturbances?	[]YES	[] NO	
		Does the Applicant have a pet in their apartment?		[]YES	[] NO	
		Is the Applicant leaveing on good terms?		[]YES	[] NO	
		Would the Landlord rent to the Applicant again?		[]YES	[] NO	
	Employ	ment Verification:				
		Contact Person:	Title:			
		Applicants Position:	Years Employed:			

Jun-07

RESIDENCY VERIFICATION

FR: Hillco Realty Management, Inc.

Fax	(847) 631-0768
Phone	(847) 831-1045

TO:

RE: RESIDENCY VERIFICATION FOR APPLICANT BELOW

APPLICANT:		
AFFLICANT.		

We are processing an apartment application for the above referenced individual(s) who are currently renting or have previously rented from you. In order to comply with appropriate requirements, we would appreciate your cooperation in furnishing the information requested below.

PLEASE COMPLETE AND FAX THIS FORM TO (847) 631-0768.

If you have any questions, please feel free to contact us at (847) 831-1045 or via email to Info@HillcoRealty.Com

Best Regards,

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION

1st Request

2nd Request

3rd Request

Authorized Agent

LENGTH OF OCCUPANCY: From	To:	20
MONTLY RENT PAYMENT \$	SECURITY DEPOSI	T: \$
HOW MANY LATE PMTS IN PAST 12 MONTHS?	HOW MANY NSF'S?	
IS ANY RENT OR FEE CURRENTLY OUTSTANDING?	[] YES	[] NO
HAVE YOU BEEN NOTIFIED OF TENANTS PLAN TO MOVE?	[] YES	[] NO
ARE THEY BREAKING THEIR LEASE?	[] YES	[] NO
ANY VIOLATIONS OR COMPLAINTS AGAINT THIS UNIT?	[] YES	[] NO
ANY PETS?	[] YES	[] NO
IS THEIR HOUSEKEEPING GOOD?	[] YES	[] NO
DID THEY REPORT ALL NEEDED REPAIRS?	[] YES	[] NO
WOULD YOU RENT TO THEM AGAIN?	[] YES	[] NO
ADDITIONAL COMMENTS:		
Completed By:	Position:	
Printed Name:	Date:	20

PLEASE COMPLETE AND FAX BACK TO (847) 631-0768

EMPLOYMENT VERIFICATION

Hillco Realty Management, Inc.	
Fax (847) 631-0768	
Phone (847) 831-1045	
	1st Request
EMPLOYMENT VERIFICATION FOR APPLICANT BELOW	2nd Request
APPLICANT:	3rd Request
	Fax (847) 631-0768 Phone (847) 831-1045

We are processing an apartment application for the above referenced individual(s) who are currently employed or has previously worked for you. In order to comply with appropriate requirements, we would appreciate your cooperation in furnishing the information requested below.

E

PLEASE COMPLETE AND FAX THIS FORM TO (847) 631-0768.

If you have any questions, please feel free to contact us at (847) 831-1045 or via email to Info@HillcoRealty.Com

Best Regards,	I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION
Authorized Agent	X:

LENGTH OF EMPLOYMENT: From	То:	_ 20
MONTLY WAGES:	\$	_ MONTHLY
IS HE/SHE DOING AN ACCEPTABLE JOB?	[] YES	[] NO
ARE HIS/HER WAGES BEING GARNISHED?	[] YES	[] NO

ADDITIONAL COMMENTS:		
Completed By:	Position:	
Printed Name:	Date:	20

PLEASE COMPLETE AND FAX BACK TO (847) 631-0768