

Michael's Properties

PO Box 11081 Rockford, IL 61126

Phone (815) 978-5369 Email: greg@LowPayment.com

Rental Application for (address) _____ **Rent Amount \$** _____

Date of Showing _____ Desired Date of Occupancy _____ Deposit Amount \$ _____

Full Legal Names and relationship of every person to live in this rental unit, even if only temporarily

First	Middle	Last	Social Security Number	Birth Date	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant _____ Phone _____ Maiden Name _____

Security No. _____ Lic. No. _____ Birth Date _____

Present Address _____ Owner/Manager _____

How long at this address? _____ yrs. Rent \$ _____ Reason for moving _____ Owner's Phone _____

Previous Address _____ Owner/Manager _____

How long at this address? _____ yrs. Rent \$ _____ Reason for moving _____ Owner's Phone _____

Present Employer _____ Job title _____ Phone _____

Gross Income \$ _____ Weekly, 2 weeks, month _____ How long? _____ yrs/months Supervisor _____

Previous Employer _____ Job title _____ Phone _____

Gross Income \$ _____ Weekly, 2 weeks, month _____ How long? _____ yrs/months Supervisor _____

Other income (other than present employment listed above) Source _____ Amount \$ _____

Ever filed bankruptcy? _____ Ever been evicted? _____ Ever been convicted of a crime (other than traffic)? _____

Explain any "yes" answers on back. Any pets? _____ Describe _____

How many Vehicle(s) _____

Make(s) _____ Model(s) _____ Year(s) _____ License(s) _____

Personal Reference _____ Address _____ Phone _____

Personal Reference _____ Address _____ Phone _____

Contact in Emergency _____ Address _____ Phone _____

I declare that the statements above are true and correct. I authorize verification of my references and *credit* as they relate to my tenancy AND to future rent collections.

I understand the landlord may terminate any lease entered into in reliance on any misstatement made above.

I certify that I am not manufacturing, using, storing, or selling dangerous controlled substances, and understand that I will immediately be required to vacate the premises if evidence of such is found on the premises, or if I am arrested of any crimes related to possession and or distribution of controlled dangerous substances or illegal drugs.

Signed _____

Date _____

OFFICE Use Only

Verified: SSN _____ DL/ID _____ CurTen _____ Prev _____ Credit _____ Inc _____ Refs _____ By _____

CO-Applicant _____ Phone _____ Maiden Name _____
Security No. _____ Lic. No. _____ Birth Date _____

Present Address _____ Owner/Manager _____
How long at this address? _____ yrs. Rent \$ _____ Reason for moving _____ Owner's Phone _____

Previous Address _____ Owner/Manager _____
How long at this address? _____ yrs. Rent \$ _____ Reason for moving _____ Owner's Phone _____

Present Employer _____ Job title _____ Phone _____
Gross Income \$ _____ Weekly, 2 weeks, month _____ How long? _____ yrs/months Supervisor _____

Previous Employer _____ Job title _____ Phone _____
Gross Income \$ _____ Weekly, 2 weeks, month _____ How long? _____ yrs/months Supervisor _____

Other income (other than present employment listed above) Source _____ Amount \$ _____

Savings Account: Bank _____ **Checking Account:** Bank _____

Ever filed bankruptcy? _____ Ever been evicted? _____ Ever been convicted of a crime (other than traffic)? _____
Explain any "yes" answers on back. Any pets? _____ Describe _____

How many Vehicle(s) _____
Make(s) _____ Model(s) _____ Year(s) _____ License(s) _____
Personal Reference _____ Address _____ Phone _____
Personal Reference _____ Address _____ Phone _____
Contact in Emergency _____ Address _____ Phone _____

Additional Information

I declare that the statements above are true and correct. I authorize verification of my references and credit as they relate to my tenancy AND to future rent collections.

I understand the landlord may terminate any lease entered into in reliance on any misstatement made above.

I certify that I am not manufacturing, using, storing, or selling dangerous controlled substances, and understand that I will immediately be required to vacate the premises if evidence of such is found on the premises, or if I am arrested of any crimes related to possession and or distribution of controlled dangerous substances or illegal drugs.

Signed _____ **Date** _____

OFFICE Use Only

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Verified: \_\_\_\_\_  
SSN \_\_\_\_\_ DL/ID \_\_\_\_\_ CurTen \_\_\_\_\_ Prev \_\_\_\_\_ Credit \_\_\_\_\_ Inc \_\_\_\_\_ Refs \_\_\_\_\_ By \_\_\_\_\_

INSTRUCTIONS: COMPLETE APPLICATION THEN MAIL TO MICHAELS PROPERTIES, PO BOX 11081, ROCKFORD, IL 61102, OR SCAN & EMAIL TO [GREG@LOWPAYMENT.COM](mailto:GREG@LOWPAYMENT.COM), OR BRING TO YOUR SHOWING.