

4751 St. Joseph Creek Road, Unit #111
Lisle, IL 60532

**LISLE STATION
APARTMENTS**

(630) 971-2408 phone
(630) 971-2582 fax

If you need reasonable accommodations in understanding or completing this form, please let us know.

I. Applicant Information

Applicants Name: _____
First Middle Initial Last Jr. /Sr.
Home Telephone () _____ Alternate Telephone () _____ E-mail _____
Social Security No _____ - _____ - _____ Date of Birth _____ - _____ - _____

II. Residency (provide a minimum of 2 years)

A. Current Address _____
City _____ State _____ Zip _____ How Long? _____
Own or Rent? (Specify) _____ Current Rent/ Mortgage \$ _____
Current Mortgage/Landlord _____ Telephone _____
Address _____

B. Prior Residency (Do not fill out if you have 2 or more years in previous box)
Address _____ Landlord/Mortgage Co. Name _____ Phone _____ How long Rent/mtg Pymt _____
 Rent
 Own
 Rent
 Own

III. Employment Information

Name of Employer _____ Contact Person _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Length of employment _____ Position _____ Mo Gross Income _____
Can employment be verified by phone? _____ yes _____ no

IV. Other Income Sources

List all other sources of Income: (Examples: AFDC, Child Support, Social Security, Unemployment, Welfare Assistance, Pensions)
Source of Income/Type of Income _____ Monthly Amount _____

V. Listing of all Persons In Household

Name	Date of Birth	Relationship to Household Head

VI. Emergency Information (Do not include occupants of your household)

Name _____ Relationship _____
Phone (H) () _____ (W) () _____
Address _____ City _____ State _____ Zip _____

VII. Automobiles

Year	Make and Model	License Number	State

VIII. Pet Information (if applicable)

Type of Pet _____

IX. Miscellaneous Information: Have you or other occupants of your household ever been affected by the following?

Any Evictions? Y N Give reason and date _____
Any Convictions? Y N Give reason and date _____
Sale, use, distribution, manufacture, or possession of an illegal drug?
Y N Give reason and date _____
Have you or any household member ever been convicted of a sexual related crime?
Y N Give reason and date _____
Are you a friend or relative of anyone employed by the property?
Y N Give Name(s) _____

How did you find out about our property? _____

Please Note: A non-refundable application fee of \$ _____ and earnest money deposit/ administration fee of \$ _____ must accompany this application.
Your signature below certifies the statements made above are true and correct and gives consent to the owner and/or managing agent to verify all information contained in this application according to the Resident Selection Plan. Any false information or withheld information will result in this application being denied and grants to the Owner and / or agent the option of terminating any future lease at any time. Once the application is processed and you qualify, you will either be assigned a unit or be placed in the waiting list until an appropriate unit size becomes available. If you should decide to not lease the reserved unit, the earnest money deposit is **Non-refundable** subject to any grace periods required by state or local laws (72 hours of the date of application). (Initial _____). **All security deposits are due within 5 days after approval and are non-refundable if you decide to cancel your move-in.** If the application is denied, the earnest deposit money shall be returned without any liability on the part of the owner and/or agent.

Applicants Signature _____ Date _____
Note: Each household member age 18 or older must submit an individual application.