

# APPLICATION TO RENT

Each Individual Occupant Who is Responsible for Rent Payment MUST Complete a Separate Application Form

## Steiner Properties

**Landlord Name:** David Steiner **PHONE:** ( 773 ) 677-3870  
**Landlord Address:** 9429 N. LeClaire **City/State/Zip:** Skokie  
**E-mail:** david@steinerproperties.com  
**Rental Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

|                         |                         |               |                           |
|-------------------------|-------------------------|---------------|---------------------------|
| TENANT'S LAST NAME      | FIRST NAME              | MIDDLE NAME   | SOCIAL SECURITY NUMBER    |
| DATE OF BIRTH           | DRIVER'S LICENSE NO.    | STATE         | HOME PHONE NUMBER<br>( )  |
| 1 PRESENT HOME ADDRESS  | CITY                    | STATE         | ZIP CODE                  |
| LENGTH OF TIME          | STATE REASON FOR MOVING | LANDLORD NAME | LANDLORD PHONE NO.<br>( ) |
| 2 PREVIOUS HOME ADDRESS | CITY                    | STATE         | ZIP CODE                  |
| LENGTH OF TIME          | STATE REASON FOR MOVING | LANDLORD NAME | LANDLORD PHONE NO.<br>( ) |

Applicant's e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

|                         |                         |                                |                         |
|-------------------------|-------------------------|--------------------------------|-------------------------|
| WILL YOU HAVE ANY PETS? | IF YES, PLEASE DESCRIBE | WILL YOU HAVE ANY Waterbed(s)? | IF YES, PLEASE DESCRIBE |
|-------------------------|-------------------------|--------------------------------|-------------------------|

|                             |                  |                  |
|-----------------------------|------------------|------------------|
| Present Occupation          | Employer Name    |                  |
| How long with this Employer | Phone number ( ) | Employer address |

|                         |   |                   |                   |   |                |
|-------------------------|---|-------------------|-------------------|---|----------------|
| Current Gross Income \$ | PER <input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Month | Name of your Bank | Branch or Address | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | Account Number |
|-------------------------|---|-------------------|-------------------|---|----------------|

|                               |            |       |               |
|-------------------------------|------------|-------|---------------|
| In Case of Emergency, Notify: | Phone: ( ) | City: | Relationship: |
|-------------------------------|------------|-------|---------------|

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant