



317 W. Maple Street
New Lenox, IL 60451
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LEASE TERMS (If Available)

Premises Address: _____
Monthly Rental \$ _____ Security Deposit \$ _____
Lease Term From: _____ To: _____

APPLICANT

Applicant Name: _____ Contact Phone: _____
E-Mail Address: _____
Social Security #: _____ Date of Birth: _____

*Submit separate applications for each co-applicant. Indicate here the number of additional applications, if any: _____

Number to Occupy Premises Adults: _____ Children Under 18: _____ Pets: _____

Type & Weight of Each Pet: _____

Do You Smoke? (circle one) Yes No

Emergency Contact Person: (other than any co-applicant) _____ Relation: _____

Emergency Contact's Address: _____ Phone: _____

ADDRESS

Present Address: _____

Present Landlord's Name: _____ Present Landlord's Phone: _____

Present Landlord's Email: _____

of Years at Present Address: _____ Sharing Lease? (circle one) Yes No How Long? _____

Lease Expires: _____ Current Rent: _____

Reason for Moving: _____

Previous Address: _____ How Long? _____

Previous Landlord's Name: _____ Previous Landlord's Phone: _____



EMPLOYMENT

Current Employer: _____ Phone: _____

Employer's Address: _____

Start Date: _____ Position: _____ Income: _____

Supervisor's Name: _____ Supervisor's Email: _____

OTHER INCOME

Source Amount \$ _____ Frequency: _____

Source Amount \$ _____ Frequency: _____

VEHICLES

Make/Model: _____ Year: _____ License Plate # _____ State: _____

Make/Model: _____ Year: _____ License Plate # _____ State: _____

OTHER

Have you ever been asked to leave or been denied the renewal of a lease? Yes No (circle one) If yes, give details:

Are you or any intended occupants a sex offender, sexual predator or otherwise subject to reporting requirements of the Illinois Sexual Offender Registration Act or any similar law in any other jurisdiction? Yes No (circle one)

Any litigation, prior or pending, such as evictions, suits, judgments, bankruptcies, foreclosures, criminal proceedings, etc? Yes No (circle one) If yes, give details: _____



PAYMENT (Fee is non-refundable)

Credit Card Number: _____ Exp. Date: ____/____/____ CCV Code: _____

Cardholder's Name (Please Print): _____

Complete Billing Address on Credit Card: _____

Cardholder's Authorization: _____

3RD PARTY VERIFICATION SERVICES

Please note, if your employer subscribes to a 3rd Party Verification System; there is an additional \$25.00 charge to verify employment. Please initial here if you wish to authorize additional charge. → _____

AUTHORIZATION

I authorize a credit check, investigation and criminal background check to be made whereby information is obtained about my credit history, and by interviews with landlords, employers and/or others with whom I am acquainted. This inquiry may include information as to my character, and general reputation. I expressly authorize the results of the credit check, and criminal background check to be provided to the Landlord. I understand I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation, including copies of any reports obtained by the Landlord in connection with this application. I certify that I have read the above application and that the information contained therein is true and correct. I understand that this application shall be incorporated into and become a part of the lease for the Premises sought, and that any false information provided by me shall be grounds for cancellation of the lease. I expressly authorize this application, the credit report and related information to be provided to the Landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment and income verification through CISI. This information may be used to determine my suitability as a Tenant as permitted or required by law.

Signature of Applicant

Date

Print Applicant's Name

***NOTE: By law, a font change will not be accepted as an authorizing signature. CISI requires written or encrypted signatures only.**