

CARDINAL LEASING, Inc.

P.O. Box 7243, Champaign, IL. 61826 ** Voice: 217-390-6671** E-Mail : erik@cardinalleasing.com

Office located at 313 N. Mattis #209, above Rasmussen Pool and Patio

WWW.CARDINALLEASING.COM

Address of Property Applying For: _____

APPLICANT'S PERSONAL INFORMATION: (All Blanks must be filled)

Applicant's Last Name: _____ First Name: _____ Middle: _____

Birthdate (mm/dd/yyyy): _____ Social Security Number: _____ - _____ - _____

DO YOU SMOKE? _____ Driver's License # / State: _____

Any additional name you have used for any purpose : _____

Current Street Address: _____ City/State/Zip: _____

Phone Number: _____ Do you own a Pet? _____ What kind? _____

Landlord's phone: _____ Monthly Rental Amount: _____

Reason for moving: _____

Is your rent/mtg current? _____ Number of late payments: _____ Damage Deposit Currently held by landlord? _____

Previous Residential History

1) Street Address: _____ City: _____ State: _____ Zip: _____

Dates lived at this address? _____

Own _____ Rent _____ Occupy (i.e. live w/ relative & not pay rent) _____

Landlord? _____ Previous Landlord's Phone? _____

Monthly Rental Amount: _____ Reason for moving: _____

Number of Late Payments? _____ Was your Damage Deposit Returned? _____

2) Street Address: _____ City: _____ State: _____ Zip: _____

Dates lived at this address? _____

Own _____ Rent _____ Occupy (i.e. live w/ relative & not pay rent) _____

Landlord? _____ Previous Landlord's Phone? _____

Monthly Rental Amount: _____ Reason for moving: _____

Number of Late Payments? _____ Was your Damage Deposit Returned? _____

Have you ever had a rental damage deposit not returned? _____

Have you ever broken a lease? _____ Have you ever refused to pay rent for any reason? _____

How many evictions have been filed against you? _____

Have you ever been asked to leave a rental unit for any reason other than not paying rent? _____,

If Yes Explain: _____

Have you ever been convicted of a felony? _____ Do you have any history of drug use or offenses? _____

Will you give us permission to do a criminal background check? _____

Will this criminal background check show anything you wish to explain? _____

Will you give us permission to do a credit background check? _____

Will this credit check show anything you wish to explain: _____

Is there anything to prevent you from placing utilities in your name? _____

Do you currently have any utilities in your name? _____ Do you currently have phone service in your name? _____

How long have you been in this area? _____ Length of expected stay: _____

Do you know of anything or any reason, which may interrupt your ability to pay rent? _____

APPLICANT'S CURRENT EMPLOYMENT STATUS:

Full-time Part-time (less than 32 hrs) Student Retired Self-employed Unemployed

Applicant employed by: _____ Supervisor's name: _____

Average Weekly hours: _____ How long at the place of employment : _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Position: _____ Gross Salary: \$ _____ MONTH | ANNUAL

ADDITIONAL INCOME HISTORY

APPLICANT'S ADDITIONAL EMPLOYMENT

Applicant employed by: _____ Supervisor's name: _____

Average Weekly hours: _____ How long at the place of employment : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Position: _____ Salary: _____

Please indicate Weekly, Bi-Weekly, Monthly, or annual Average Take home: _____

If there are additional, verifiable sources of income you would like considered, please list income source (i.e., self-employment, social security, benefit payments, child support, etc.), and requested information below regarding each. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount \$ _____ Per _____

Contact Person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue: _____

Is there any reason it would stop? _____

PAYMENT INFORMATION

In the event of some emergency that would prevent you from paying your rent when due, is there a relative, person or agency that could assist you with rental payments?

1st Emergency Contact: _____ Relationship: _____

Address: _____

Phone Number(s) _____

ASSET / CREDITS / LOANS

Number of vehicles on property? _____ Valid registration & inspection? _____

Do you have any commercial vehicles, _____ RV, campers, boats or motorcycles? _____

Vehicle #1 make/model/color: _____

Plate number _____ State _____

Finance/leased through _____ Contact and phone number _____

Acct. # _____ Monthly payment _____

Check and list amounts of any other current monthly expenses:

Hospital payment _____ Health Insurance _____ Auto Insurance _____ Renter's Insurance _____

Child care _____ Tuition _____ Cable TV _____ Other _____ Other _____

Name of Bank: _____ Branch Address: _____

Phone : _____ Acct.# : _____ Checking and/or Savings _____

How long account active, Checking _____ Savings _____ Average monthly balance, Checking _____ Savings _____

If Management has a question regarding this application, please furnish the best contact phone number:

Day Phone/Contact person: _____ Night Phone/Contact person: _____

A completed application requires submission of the following, which will be photocopied and attached to this application:

____ **Driver's License**

____ **2 weeks of most current pay stubs of each income source listed**

A fee of \$30 is charged on all rental applications for purpose of verifying the information furnished on the application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes verification of information, references, and credit history from applicants credit sources, credit bureaus, current and previous landlords, employers and references.

This fee is non-refundable. If your application is approved, you will be required to pay a damage deposit that will be equal to the 1st months rent to hold any property. Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of damage deposit.

Cr r necp w u k i pcw t g: _____

Date _____