



# Rental Application

AM Investments Inc.  
Elk Grove Village, IL 60007  
Email: office@azm2201.com  
Phone: 847.302.8011  
Fax: 847.472.9864

①

Property Applied For: \_\_\_\_\_  
Requested Move-In Date: \_\_\_\_\_

②

First, Middle, Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Drivers License#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Text Service on Cell?  Yes  No Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

③

**Current Address:** \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_  
How Long? From: \_\_\_\_\_ To: \_\_\_\_\_ Current Payment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
**Previous Address:** \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_  
How Long? From: \_\_\_\_\_ To: \_\_\_\_\_ Current Payment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

④

**Current Employment:** \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_  
How Long? : From: \_\_\_\_\_ To: \_\_\_\_\_  
Income: \_\_\_\_\_ per  Week  Month  Year  
**Previo Employment:** \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_  
How Long? : From: \_\_\_\_\_ To: \_\_\_\_\_  
Income: \_\_\_\_\_ per  Week  Month  Year



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## 5 Occupants

Please list all additional occupants – include age of minor children.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Pets (No Dogs): Description/Weight: \_\_\_\_\_

## 6 Record Verification

Have you ever been evicted? Yes No Foreclosure/Repossession? Yes No

If Yes, explain: \_\_\_\_\_

Have you ever filed for bankruptcy? Yes No If yes, Ch.7 Ch.13

If Yes, explain: \_\_\_\_\_

Have you been convicted of a felony? Yes No

If Yes, explain: \_\_\_\_\_

## 7 Emergency Contact

In any case of an emergency, please provide name and address of two nearest relatives not living with you:

1-Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

2-Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Applicant will pay the sum of \$35.00, which is a non-refundable payment for a credit and background check, and processing of this application by the Landlord or his/her agent through AM Investments. This sum does not represent a rental payment or payment of the lease fee. In the event that this application is disapproved, or applicant cancels, this sum will be retained by the Landlord to cover the cost of processing this application as furnished by the applicant.

I certify that the information given herein is complete and correct. The Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employers, creditors and landlords, and to procure such other information (including credit reports) which the Landlord may require to evaluate this application at the time application is submitted and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of application, or Management may immediately terminate any tenancy entered into in reliance upon misinformation given on the application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_