



**Screening Reports, Inc.**  
 729 N Route 83 Suite 321  
 Bensenville, Il 60106  
 Toll-Free Phone (866) 389-4042  
 Toll-Free Fax (866) 389-4043.

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

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

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Today's Date

For Office Use: Complete from State ID		No Photo
Birth Date	Verified By	
Last Name		
First Name	Middle	

**RENTAL APPLICATION**  
(one applicant per form)

**KMS MANAGEMENT, INC**

Property: \_\_\_\_\_

**APPLICANT INFORMATION**

Complete Legal Name (Last, First, Middle)			Home Telephone #	2nd Telephone #	
Birth Date	Social Security #	Drivers License #	E-Mail Address		
Current Address	Apt.#	City	State	Zip	
Current Landlord/Mgmt Company	Telephone #	Monthly Rent	Move-In Date		
Previous Address	Apt.#	City	State	Zip	
Previous Landlord/Mgmt Company	Telephone #	Monthly Rent	Move-In Date	Move-Out Date	

**MONTHLY INCOME**

Source (Employer if employed)	Contact or Supervisor's Name	Telephone #			
Address	City	State	Monthly Income	Start Date	
Previous Employer	Contact or Supervisor's Name	Telephone #			
Address	City	State	Monthly Income	Start Date	End Date

**OTHER SOURCES OF INCOME (PART-TIME JOB, ASSISTANCE, CHILD SUPPORT, SOCIAL SECURITY, ETC.)**

Source	Contact	Telephone #	Amount Per Month		
Source	Contact	Telephone #	Amount Per Month		

**BANK REFERENCES**

Bank	Checking Acct #	Saving Acct. #	City	State	Telephone #
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**IN CASE OF EMERGENCY NOTIFY**

Name	Relationship	Address	City	State	Telephone #
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**MOTOR VEHICLE**

License Plate #	State	Make	Model	Color
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**LIST ALL OCCUPANTS OF UNIT**

Name	Age	Name	Age
Name	Age	Name	Age

**HAVE YOU EVER....**

Yes/No	Have you ever been convicted of a crime (except for minor driving violations) within the past 7 years?
Yes/No	Have you ever been evicted or asked to vacate?

**TERMS OF THIS RENTAL APPLICATION**

1. Applicant understands and agrees that if she/he provides incorrect or misleading information on this form, application for tenancy will be denied.
2. Once Management notifies Applicant that their application is approved, Applicant has 24 hours in which to cancel or the performance deposit will be forfeited.
3. Applicant hereby grants to Management authorization to verify the information on this form, including but not limited to checking their credit history, rental history, criminal history, income verification, information from public agencies and other information relevant to this application for residency.
4. Rental Application processing fee is non-refundable, whether this application for rental is approved or denied.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Management Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

App Date	Approval/Denial Notification Date	Apt. Rent	Garage Rent	Total Rent	Performance Deposit Paid
Apt. Address	Apt. #	Unit Type	From:	Lease Dates To:	Move-In Date