



RENTAL APPLICATION AND GENERAL INFORMATION
Apartments are to be rented to all individuals according to Fair Housing Laws

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

Number and Street

City and State

Zip Code

HOME PHONE(____) _____ DRIVERS LICENSE NO. _____

PRESENT LANDLORD _____ PHONE(____) _____

LANDLORD'S

ADDRESS _____ PRESENT RENTS\$ _____

LENGTH OF

RESIDENCY _____ REASON FOR MOVING _____

PREVIOUS LANDLORD _____ PHONE(____) _____

ADDRESS _____ RENTS\$ _____

LENGTH OF

RESIDENCY _____ REASON FOR MOVING _____

EMPLOYED BY _____ POSITION _____

ADDRESS _____

Number and Street

City and State

Zip Code

BUSINESS PHONE(____) _____ LENGTH OF EMPLOYMENT _____

Gross Income _____ Monthly _____ Weekly _____ Yearly _____

If Other Member(s) Of The Family(s) Employed: Social Security No. _____

NAME OF EMPLOYER _____ POSITION _____

ADDRESS _____

Number and Street

City and State

Zip Code

BUSINESS PHONE (____) _____ LENGTH OF EMPLOYMENT _____



OTHER SOURCES OF INCOME AND AMOUNT (\$)

Social Security	\$ _____ per month	Child Support	\$ _____ per month
Veterans Admin.	\$ _____ per month	Unemployment	\$ _____ per week
Disability	\$ _____ per month	Other	\$ _____ per _____
State Supplement	\$ _____ per month	Other	\$ _____ per _____

HAVE YOU PREVIOUSLY BEEN CONVICTED OF ANY CRIMINAL OFFENSE?

Yes No If yes, give details and dates:

ANY LITIGATION, SUCH AS: EVICTIONS, SUITS, JUDGEMENTS, COLLECTIONS, BANKRUPTCIES, FORECLOSURES, etc?

Yes No If yes, give details and dates:

Please List the Names, Relationship, and Age of All Persons, *Including Yourself*, Who Will Be Occupying the Apartment:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>SEX</u>	<u>MARITAL STATUS</u>
-------------	---------------------	------------------	------------	-----------------------

- | | | | | |
|----------|-------------|-------|-------|-------|
| 1. _____ | Self | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

PERSONAL REFERENCES:

- | | <u>Name/Address</u> | <u>Phone Number</u> |
|----|---------------------|---------------------|
| 1. | _____ | () _____ |
| 2. | _____ | () _____ |
| 3. | _____ | () _____ |
-

Do you own a car _____ Year _____ Make/Model _____ License _____

Do you own a pet _____ If yes, what kind, how many, weight _____

RACE OR NATIONAL ORIGIN: (Please note that completing this section is optional.
This information will be used for our Fair Housing Program only.)

- American Indian Black Oriental
 Other Minority Spanish American White

NEAREST LIVING RELATIVE: RELATIONSHIP:

Name _____ Phone () _____
Address _____
(Number and Street) (City and State) (Zip Code)

Please note that this is a preliminary application. Your signature below certifies that the statements made above are true and correct and gives consent to Management to verify the information contained within this application. An application fee in the sum of \$60.00 has been deposited with the Landlord, with clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by the Landlord in its sole discretion. I/We hereby authorize Landlord to obtain information it deems desirable in the processing of this application including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. We will process your application as soon as possible. We require a SECURITY DEPOSIT and the 1st Month's rent before you move in. This must be paid in full before we will give you the keys to the apartment. We will require a lease that must be signed by all adults who will live in the apartment. It is further agreed that if any information herein is false, the lease make on the strength of this application may, at the option of the Landlord, be terminated at any time. Please look over your application before signing the statement below.

I have read the application and understand it. The information I have furnished is correct to the best of my knowledge.

(Signature of Manager)

(Applicant's Signature)

(Notary Signature)

(Date)

Ameren I.P.
Schedule B

UTILITY ADDENDUM TO LANDLORD APARTMENT LEASE

Resident _____ hereby authorizes Columbia Lakes Apartments (Landlord) to make application in Resident's name to Ameren I.P. for electric service to start on the first day of the lease term to end on the last day of the lease term. Resident acknowledges that Resident shall be responsible for paying all utility charges billed by Ameren I.P. during this term.

Ameren I.P. may assess a deposit on your account based on information in your credit report as allowed under 83 Ill. Adm. Code 280.50 and the Company's Rules, Regulations, and Conditions applying to its utility service on file with Illinois Commerce Commission ("Rules"). In the event your utility account is assessed a deposit, Ameren I.P. will notify directly in writing. The deposit will be billed over a period of time as allowed under the Company's rules.

Resident hereby acknowledges that Columbia Lakes Apartments (Landlord) may obtain the consumption history for electricity from Ameren I.P. for their premise and Columbia Lakes Apartments (Landlord) may provide this information to future prospective residents.

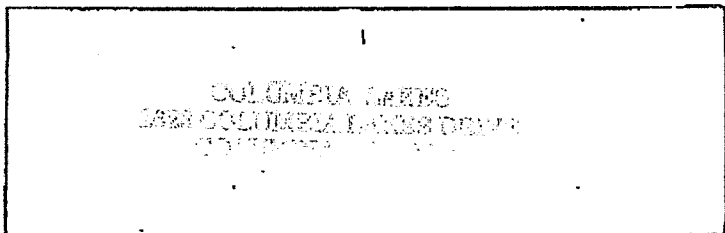
Resident hereby acknowledges that Columbia Lakes Apartments (Landlord) will be notified by Ameren I.P. if the resident should become delinquent in paying utility bill. Columbia Lakes Apartments will receive a copy of the disconnect notice at the same time the Customer/Resident receives one.

Resident

Manager

Date

Date



DECLARATION OF ASSETS UNDER \$5,000.00

As managing agent for the above referenced apartment community we are required to verify all income and assets of a household member. To comply with this requirement, we ask your cooperation in supplying the information requested in the certification below. This information will be held in strict confidence and used only to establish eligibility.

CERTIFICATION

I/We, _____ do hereby certify that I/We do not have any assets or receive any income from assets OVER \$5,000.00 IN VALUE.

I/We further acknowledge that sources of assets include but are not limited to the following:

CHECKING ACCOUNTS	SAVINGS ACCOUNTS	MUTUAL FUNDS
CERTIFICATE OF DEPOSITS	SAVINGS BONDS	401K PLANS
IRA's	TRUST ACCOUNTS	STOCKS
BONDS	PENSION FUNDS	UNION FUNDS
REAL ESTATE	LIFE INSURANCE	CASH

I/We certify that the aforementioned information is true and correct. Inquires may be made to verify this certification. I also understand that any false statement or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

Signature _____ Date _____

Signature _____ Date _____

Management _____ Date _____



Date:

Name of Applicant:

Address of Applicant:

To Employer,

An application has been made by the above named applicant for tenancy at Columbia Lakes Apartments. The applicant has indicated that he (she) is employed by you, and would appreciate it if you would confirm this employment in the space provided below. The confirmation is for the confidential use of our office.

Name and Address of Applicant's Employer:

EMPLOYER'S VERIFICATION

Present Position: _____

Length of Employment: _____

Present Rate of Pay: _____

Hourly Annual Overtime Commissions Bonus *(Circle One)*

REMARKS:

Applicant's Signature _____

The above is furnished to you in strict confidence in response to your request.

Date

Official Title

Signature of Employer





Date:
Re:

Dear Resident Manager,

The above named resident of your community has applied for an apartment in the Columbia Lakes Apartment Community, and we are requesting that you fill out the information listed below and return it to our office.

Length of residence from: _____

Lease agreement
fulfilled? _____

Monthly rent: _____

Resident pay on time? _____

If late charges assessed did resident pay? _____

Does resident have a pet? _____

Have any complaints been
registered? _____

If yes, was the problem resolved? _____

If you have any questions regarding the above, please call this office. Thank you.

Resident Manager _____

Please sign above and print your name beside your signature.

I give permission to release to Columbia Lakes Apartments the above information requested.

(Applicant)