

# RENTAL APPLICATION

This form must be **completed in your own handwriting**. Please print clearly in ink (no pencil). If a question does not pertain to you, please indicate so by writing N/A.

## A. HOUSEHOLD MEMBERS - ADULTS

List yourself and residents over the age of 18. Children should be listed in Part B.

\_\_\_\_\_  
Last Name                      First Name                      MI                      Social Security Number

\_\_\_\_\_  
Birth Place (City, State)              Date of Birth                      Driver's License# or State ID#

\_\_\_\_\_  
Current street address                      City                      State              Zip Code

\_\_\_\_\_  
Home phone number                      Work phone number                      Cell phone number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Name and complete mailing address of current landlord

### MARITAL STATUS:

Single               Married               Widowed               Divorced               Separated

### EMPLOYMENT STATUS (check all that apply):

Employed               Unemployed               Self Employed               Retired  
 Disabled               Handicapped               Veteran               Student

\_\_\_\_\_  
Last Name                      First Name                      MI                      Social Security Number

\_\_\_\_\_  
Birth Place (City, State)              Date of Birth                      Driver's License# or State ID#

\_\_\_\_\_  
Current street address                      City                      State              Zip Code

\_\_\_\_\_  
Home phone number                      Work phone number                      Cell phone number

\_\_\_\_\_  
Name and complete mailing address of current landlord

### MARITAL STATUS:

Single               Married               Widowed               Divorced               Separated

### EMPLOYMENT STATUS (check all that apply):

Employed               Unemployed               Self Employed               Retired  
 Disabled               Handicapped               Veteran               Student

**B. HOUSEHOLD MEMBERS - MINORS**

List all residents under 18 years of age who live with you over 50% of the year

1. \_\_\_\_\_  
Last Name                      First Name                      MI                      Date of Birth

\_\_\_\_\_  
Name and complete mailing address of absent parent

2. \_\_\_\_\_  
Last Name                      First Name                      MI                      Date of Birth

\_\_\_\_\_  
Name and complete mailing address of absent parent

3. \_\_\_\_\_  
Last Name                      First Name                      MI                      Date of Birth

\_\_\_\_\_  
Name and complete mailing address of absent parent

**C. INCOME**

Complete the portion below. If self-employed, please provide a ledger of income and expenses.

1. \_\_\_\_\_  
Name of primary wage earner                      Occupation

\_\_\_\_\_  
Current Employer's Name                      Address                      City, State, ZIP

\_\_\_\_\_  
Phone Number

- Weekly
- Bi-weekly
- Monthly

\_\_\_\_\_  
Dollars per hour      Hours per pay period      Pay period      Length of employment (year, months)

\_\_\_\_\_  
Name and address of previous employer                      Length of employment (year, months)

2. \_\_\_\_\_  
Name of secondary wage earner                      Occupation

\_\_\_\_\_  
Current Employer's Name                      Address                      City, State, ZIP

\_\_\_\_\_  
Phone Number

- Weekly
- Bi-weekly
- Monthly

\_\_\_\_\_  
 Dollars per hour    Hours per pay period    Pay period    Length of employment (year, months)

\_\_\_\_\_  
 Name and address of previous employer    Length of employment (year, months)

Does any household member receive or expect to receive money from any source listed below?  
 Circle reply for each item. If yes, list name of recipient, name of source and monthly amount received.

<i>Item</i>	<i>Circle</i>		<i>Names of recipient and source</i>	<i>Monthly amount</i>
General Assistance	Yes	No	_____	_____
Unemployment	Yes	No	_____	_____
Workers Comp	Yes	No	_____	_____
Child Support	Yes	No	_____	_____
Spouse Support	Yes	No	_____	_____
Social Security	Yes	No	_____	_____
SSI	Yes	No	_____	_____
Pension/Retirement	Yes	No	_____	_____
Veteran's Benefits	Yes	No	_____	_____
Other, Explain	Yes	No	_____	_____

**D. REGULAR MONTHLY EXPENSES**

Rent	\$
Phone	\$
Cell phone	\$
Medical expenses	\$
Electric	\$
Car payment	\$
Insurance	\$
Car Insurance	\$
Heating gas	\$

Credit card	\$
Credit card	\$
Loan	\$
Loan	\$
Cable	\$
Rentals	\$
Water	\$
Other:	\$

**E. PERSONAL BACKGROUND**

1. Have you or any member of your household ever engaged in felonious use, possession or manufacture of methamphetamine or other drugs, or been **ARRESTED** for any drug related criminal activity?  Yes  No

If yes, please give dates and charges, city and state: \_\_\_\_\_



Landlord's mailing address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Address where you lived: \_\_\_\_\_  
Street/location City State Zip Code

Dates lived there: From \_\_\_\_\_ to \_\_\_\_\_

Name of landlord: \_\_\_\_\_

Landlord's mailing address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Address where you lived: \_\_\_\_\_  
Street/location City State Zip Code

Dates lived there: From \_\_\_\_\_ to \_\_\_\_\_

Name of landlord: \_\_\_\_\_

Landlord's mailing address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. How many places have you rented in the last 10 years? \_\_\_\_\_

5. How many cities have you lived in during the past 10 years? \_\_\_\_\_

**G. OTHER/EXPLANATIONS**

Use the area below to add information or to further explain any of your previous answers.

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*Read the following certification and notice before signing*

**APPLICANT CERTIFICATION & NOTICE**

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income of any household member within fifteen (15) days of the change. I also understand that no one is permitted to move into my unit without prior written approval of my landlord.

I certify that all information given regarding household composition, income, allowances, personal background, and rental history is accurate and complete to the best of my knowledge and belief.

I further understand that by signing this application, I give permission to process for credit and criminal references, including rental history and a POLICE CHECK to support the information I have provided.

*ALL ADULT HOUSEHOLD MEMBERS (18 yrs of age and older) MUST SIGN THIS FORM*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please return to: Schuetz Companies LLC, 4464 E Radio Tower Ln, Olney IL 62450  
Phone 618-395-4425 / FAX 618-395-4425