

FOR OFFICE USE ONLY

\$35.00 NON-REFUNDABLE
APPLICATION FEE

CHECK # _____ CASH

*100 Regency Centre
Collinsville, IL 62234
(618) 346-7878*

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APPLICANT DENIED
APPLICANT APPROVED

If applicant is denied, they can only be added as an occupant and has no legal rights to apartment. If tenant vacates, the occupant will have to vacate as well.

Property Applicant is Applying for _____ Rent Amount _____

Last Name _____ First Name _____ Int. _____ Date of Birth: ____/____/____

Social Security No. _____ Drivers License # & State _____

Current Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Alternate Phone # _____ Email Address _____

Reason for moving: _____ When would you like to move in? _____

Do you currently: Rent Own Monthly payment (rent or mortgage) \$ _____ How long at current address: _____ yrs _____ months

Current Landlord's Name _____ Phone _____

Have you, or anyone listed on this application, ever been convicted of or pleaded guilty or "No contest" to a felony (whether or not resulting in a conviction)? _____ NO _____ YES. If yes, please describe and date _____

Have you, or anyone listed on this application, ever been convicted of or pleaded guilty or "No contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? _____ NO _____ YES.

YOUR STATUS: (Please check **ALL** that apply) Employed Student Retired Not Employed

Current Employer _____ Position _____

Date Employed/From _____ To _____ Monthly Salary \$ _____

Address _____ City, State, Zip _____

Supervisor _____ Phone _____

If there are other verifiable sources of income you would like for us to consider, please list income, source and person (Banker, Student Loans, Etc.)

Other Source of Income _____ Monthly Amount \$ _____

Children and/or other adults residing in unit: Notice: **CO-APPLICANT must complete a separate Rental Application Form**

Name _____ Sex _____ Relationship to Applicant _____ Date of birth _____

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TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ License # & State _____ Owned by _____

Make/Model _____ Year _____ License # & State _____ Owned by _____

Make/Model _____ Year _____ License # & State _____ Owned by _____

****Due to restricted parking at some locations, we must strongly enforce a two car maximum****

****All other locations are limited to a three car maximum.****

Do you have a pet? Yes No (circle one) If Yes, type, breed, and weight of pet _____

If yes, are you willing to give it up if you are applying to a complex that does not allow pets? Yes No (circle one).

EMERGENCY CONTACT – PLEASE NOTIFY

Name _____ Address _____

Relationship to Applicant: _____ Phone _____ Alternate Phone _____

To view a copy of Osborn Homes rules and regulations, please go to www.osbornproperties.com

The undersigned:

1. Hereby applies to the owner for the premises listed on the top of this page and to induce the owner to enter into such an agreement; represents and warrants that all statements herein are true, and agrees that if an agreement is made, the lessor may terminate it if any statement herein is untrue; and that providing false information are punishable by law.
2. Hereby grants permission to verify **ANY** information contained herein, including but not limited to, verifying credit through a credit bureau to evaluate credit worthiness in a rental transaction, verify past landlord history, and verify employment history.
3. **If application is cancelled after deposit has been paid, applicant is aware the deposit is non-refundable. If applicant does not move in within 7 days of the established move in date, the deposit and the unit are both forfeited.**
4. **TRUSTWORTHY**-Understands that any false statement or omission on application will disqualify applicant.

Applicant Signature _____ Date _____