Amount Paid \$_	
Receipt #	
Approved by	



510 S Neil Street Champaign, IL 61820 217-356-8750 / leasing@greenstrealty.com

Rental Application

Applicant Information				
Name:	Driver's License#:			
Date of birth:	SSN: Phone:			
Email address:				
Current address:				
City:	State:	ZIP Code	d	
Own Rent (Please circle)	Monthly payment or rent: How long?		How long?	
Property Applying For:				
Requested Move in Date:	How did you find o	ut about us?		
List age and relationship of all of	her persons who will occupy	the premises.		
Include children, relatives and co-residents				
Name:	Age: Relation	nship:		
Name:	_			
Name:	_			
Name:	Age Relation	ısıııp		
Employment / School Information				
Are you a student? If yes, which school are you attending?				
Employer:	you, when concording you all		How long?	
Phone:	Rate of pay?	Annual in	<u> </u>	
Emergency Contact				
Name of a person not residing with you: Relationship:				
Address:				
City:	State:	ZIP Code:	Phone:	
Rental History		0000		
Current Landlord: Phone:				
Levelle of Level				
Why are you leaving:				
Have you ever been evicted? YES NO Have you ever broken a rental agreement? YES NO				
Have you ever been sued for non-payment of rent or property damage to a rental property? YES NO				
Do you have any judgments against you that may intercede with rent? YES NO				
Will you allow a credit check through the credit bureau? YES NO				
Will you allow a police record check? YES NO				
I authorize the release of previous rental information and employment information.				
I understand that any false or incomplete information can disqualify me for the rental that I am applying to rent. I also understand that false information may later invalidate my lease at the owner's request.				
Signature of applicant:			Date:	

\$20 Non-refundable application fee required to process each application.