

RENTAL APPLICATION

Woodcreek Apartments
Phone 847-669-1800 Fax 847-960-5604

RTO _____ RENTAL ONLY _____

Applicant

Name:		
SSN :	DOB:	
Drivers License # :		
E-Mail Address		
Home Phone : ()		
Cell Phone: ()		
Relation to Co-Applicant:		
Present Applicant Residency		
Address:		
City:	State:	Zip:
Date From:	To:	
Monthly Rent:	Deposit:	
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Previous Applicant Residency		
Address:		
City:	State:	Zip:
Date From:	To:	
Monthly Rent:	Deposit:	
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Applicant Employer		
Employer Name:		
Address:		
City:	State:	Zip:
Phone #: ()	Since:	
Position:	Monthly Income:\$	
Supervisor:		
Other Income		
Have you filed Bankruptcy?		
Have you ever been evicted?		
Do you have any Pets?		
Do you have any water beds?		
Do you have the required security deposit and first month's rent?		

Co-Applicant

Name:		
SSN :	DOB:	
Drivers License # :		
E-Mail Address		
Home Phone : ()		
Cell Phone: ()		
Relation to Applicant:		
Present Co-Applicant Residency		
Address:		
City:	State:	Zip:
Date From:	To:	
Monthly Rent:	Deposit:	
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Previous Co-Applicant Residency		
Address:		
City:	State:	Zip:
Date From:	To:	
Monthly Rent:	Deposit:	
Reason For Moving:		
Landlords Name:		
Landlords Phone #: ()		
Landlords Address:		
Co-Applicant Employer		
Employer Name:		
Address:		
City:	State:	Zip:
Phone #: ()	Since:	
Position:	Monthly Income:\$	
Supervisor:		
Other Income		
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