

OFFICE ADDRESS: 209 W MADISON STREET, 2ND FLOOR, WAUKEGAN, IL 60085



Application for Residential Rental

\$25 application fee received? Yes / No

Received by: _____

Date: _____

Valid State ID required for application processing

Applying for apartment located at: _____ Unit# _____

Monthly Rent: _____ Security Deposit: _____ Move-in Date: _____

Applicant Information

Name: _____

Current Address: _____ City: _____ State: _____

Zip: _____

Telephone day: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Number of Occupants: _____ Adult: _____ Children: _____ Pets (if allowed): _____

Names of Other Occupants: 1) _____ 4) _____

2) _____ 5) _____

3) _____

Have you ever been evicted? Yes / No

Have you ever been charged with a felony in the state of Illinois? Yes / No

Rental History:

Name of Current Landlord: _____ Phone Number: _____

Landlord's Tenant Since: _____ Current Rent: _____

Reason for Moving: _____

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Lease expiration: _____

Employment / Income Verification

Employer Name: _____ Date Hired: _____

Position: _____ Annual Income: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Please list additional forms of income (HA Voucher program, etc): _____

Agreement and Authorization

I, the applicant stated above, represent to The Horvay Group LLC, that I have read and understand this entire form and I certify that all the information provided is true and accurate. I understand that the \$25 application fee is non-refundable under any circumstances. I understand that this application is not a lease and is used by The Horvay Group LLC to determine if I qualify for the lease. I declare under penalty of perjury that the information listed in this application is true and correct. As a material inducement to be considered a tenant for the Premises, I herewith consent to and authorize The Horvay Group LLC to contact all references named in this application, and to conduct a credit review. I understand and acknowledge that The Horvay Group, LLC is the designated agent of the owner/lessor and not of the applicant.

Applicant

Date

For Office Use only

Current Landlord Comments:

Employment/Income Verification Comments:

Credit Report Notes:

Application Status: Accepted / Rejected

THG Representative: _____

Date: _____