

4840 N. Cumberland Avenue  
Norridge, Illinois 60706  
(708) 583-8300

*Zerillo  
Realty*

Attached is the application form that will need to be filled out and signed. Use one application packet per occupant over the age of 18. We will also need a credit card number or cashier's check to run the background and credit check for each applicant, which will be \$40.00 per person.

### **Application Fee is NON-REFUNDABLE**

Items to be returned back:

- 30 days worth of paystubs for each applicant
- This form signed at the bottom by each applicant
  - Credit card form
  - Photo ID for each applicant
  - Completed application

**ONLY COMPLETE PACKETS WILL BE LOOKED AT!!!!**

Applications are processed by a first come, first serve basis.

Email all applications to [gz@zerillorealty.com](mailto:gz@zerillorealty.com) or fax them to 1-855-937-4556.

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

# RENTAL APPLICATION



First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Jr.,Sr?  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Is this your phone?: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Whose Phone?: \_\_\_\_\_

## List your Addresses for the Previous 5 years

**Current Address:** \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Moved In date: \_\_\_\_\_ Why are you moving? \_\_\_\_\_  
**Previous Address:** \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Moved In date: \_\_\_\_\_ Moved out date: \_\_\_\_\_  
**Previous Address:** \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Moved In date: \_\_\_\_\_ Moved out date: \_\_\_\_\_

## Employment and Income

**Current Employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Gross Wages: \$ \_\_\_\_\_ ( \_\_\_\_ month \_\_\_\_ week \_\_\_\_ hour ) What other income & source?: \_\_\_\_\_  
 2<sup>nd</sup> Job Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Income \$ \_\_\_\_\_ wk. Mon Hr  
 Are You on Section 8?: \_\_\_\_\_  
 Is the total move-in amount available now?: \_\_\_\_\_ Have you broken a lease?: \_\_\_\_\_ Are You a Convicted Felon?: \_\_\_\_\_  
 How many Evictions have been filed on you?: \_\_\_\_\_ What kind of animals do you have?: \_\_\_\_\_

## If accepted the following persons will be living with me, include ages all persons

1.) \_\_\_\_\_ 4.) \_\_\_\_\_  
 2.) \_\_\_\_\_ 5.) \_\_\_\_\_  
 3.) \_\_\_\_\_ 6.) \_\_\_\_\_

## Credit References

Lender	Purpose of Loan	Balance	Monthly Payment	Do you have a Checking Account?:
1.)				Do you have a Savings Account?:
2.)				Do you own Real Estate?:

## EMERGENCY CONTACTS

NAME	ADDRESS	PHONE	RELATIONSHIP
1.)			
2.)			

LIST Vehicles & Trailers your household will possess: \_\_\_\_\_

Your requested move-in date: \_\_\_\_\_



Applicant authorizes the Landlord, his employees, agents, or representatives to make any and all inquiries necessary to verify the information provided herein, including but not limited to direct contact with Applicant's employer, landlords, credit, neighbors, police, government agencies and any and all other sources of information which the Landlord may deem necessary and appropriate within his sole discretion. The Applicant represents to the Landlord that the application has been completed in full and all the information provided for herein is true, accurate and complete to the best of the Applicant's knowledge and further, agrees that if any such information is not as represented, or if the application is incomplete the Applicant may, at the Landlord's sole discretion, be disqualified. The Applicant provides the information contained on this form. Landlord, his agents or representatives, is not liable to the Applicant, his heirs, executors, administrators, or assigns for any damages of any kind, actual or consequential by reason of the verification by the Landlord of the information provided by the Applicant, and Applicant hereby releases the Landlord, his agent, employees and representatives from any and all actions, causes of action of any kind or nature that may arise by virtue of the execution or implementation of the agreement provided herein. This property requires a **Security Deposit**. Animal deposit(s) are in addition to security deposit. Applicant has 24 hours from time of approval to fulfill rental agreement by producing all monies required and signing all rental agreement papers. If Applicant fails to perform within 24 hours of Landlord's approval, Applicant may be disqualified and Landlord may rent this home to the next qualified Applicant. Our required standards for qualifying to rent a home are simple and fair. They are:

- All homes are offered without regard to race, color, religion, national origin, sex, disability or familial status.
  - Each adult occupant must submit an application.
  - Your gross monthly income must equal approximately three times or more the monthly rent
  - A favorable credit history.
  - Be employed and be able to furnish acceptable proof of the required income.
  - Good references, housekeeping, and property maintenance from your previous Landlords.
  - Limit the number occupants to 2 per bedroom.
- Compensating Factors can include additional requirements such as double deposit or rent paid in advance for applicants who fall short of above criteria.

I, \_\_\_\_\_, **Authorize the Release of Information.**  
(Applicant's Printed Name)

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_





**MAINSTREET ORGANIZATION OF REALTORS®**  
**CREDIT/BACKGROUND CHECK AUTHORIZATION**



*(This Form is to be Used by Brokers Only and not Disseminated to Landlords or General Public)*

- 1 One form per adult applicant, including married spouses with different last names.  
2 One form for married spouses with same last name and address.  
3

4 Applicant #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
5 Any Other Name(s) Used: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
6 Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
7

8 Applicant #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
9 Any Other Name(s) Used: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
10 Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
11

12 Present Address: \_\_\_\_\_  
13

14 Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
15

16 \*\*\*\*\*  
17

18 ☐ Individual Credit Check - \$ \_\_\_\_\_ ☐ Individual Plus Spouse - \$ \_\_\_\_\_ \*\*  
19 (Both Signatures are Required)  
20

21 \*\*\* This fee is charged for performance of a service. It is not to be considered the cost of the credit report.  
22 \*\* Per credit reporting agency, spouses must have the same last name and same address. If spouses have different last names and/or addresses, two  
23 individual reports will be run. The individual rate of \$ \_\_\_\_\_ applies for each report.  
24

25 \$ \_\_\_\_\_ has been paid for this credit check. **THIS SUM IS NOT REFUNDABLE.**  
26

27 \$ \_\_\_\_\_ has been paid for this background check. **THIS SUM IS NOT REFUNDABLE.**  
28

29 **PLEASE NOTE: PROVIDING A COPY OF CREDIT/BACKGROUND REPORT TO APPLICANT(S)**  
30 **IS PROHIBITED.**  
31

32 *I/We certify that I/we have read the above authorization that the information therein is true and correct. I/We*  
33 *understand that this authorization shall be incorporated in and become a part of the lease of the premises*  
34 *sought and if incorrect or untrue shall be grounds for cancellation of the lease. I/We authorize a background*  
35 *investigation and credit check to be made whereby information is obtained through interviews with my/our*  
36 *landlord(s) or other(s) with which I/we am/are acquainted. I/We understand I/we have the right to make a*  
37 *written request within a reasonable amount of time to receive additional detailed information about the nature*  
38 *and scope of this investigation.*  
39

40 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
41 Applicant #1

43 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
44 Applicant #2  
45

46 **KEEP ALL ORIGINALS IN FILE**

## Credit Card Authorization

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Type of Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Cardholders Name Printed: \_\_\_\_\_

Credit Card Number: - - - - - - - - - -

Expiration Date: \_\_\_\_/20\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

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

Cardholder's Billing Zip Code: \_\_\_\_\_

Fee To Be Charged: \$\_\_\_\_\_ (\$40.00 per person) + \$5 Service Fee

**Statement will reflect as billing form "Zerillo Incorporated"**