MADISON WEST APARTMENTS	For Office Use:	
515 W. Madison St. Waukegan, IL 60085 OFFICE: 847-668-8242 FAX: 847-263-8731 EMAIL: markehawn@sbcglobal.net	Location:	
RENTAL APPLICATION \$25.00 APPLICATION FEE		

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Applicant Name:				Phone:					
Date of Birth:	SSN:			Email:					
Current Address: Apt #:									
City:	State:			ZIP Code:			de:		
Own Rent (please circle)	Monthly payment or rent:			How long?			ng?		
Landlord's Name:			Landlord's Phone:						
If less than 3 years you must list previous address									
Previous Address: Apt #:									
City: State:			State:	e: ZIP			? Code:		
Please circle 1 Owner or Rent	Monthly payment or re	r rent: How long?					ng?		
Landlord's Name:			Landlord's Phone:						
Current Employer:									
Address:	City				State:		Zip Code:		
Position:	How long?								
Hourly Salary (please circle)	Hourly Rate:		Annual Income:						
Phone:		Supervisor's Name:							
If less than 3 years you must list previous employer									
Previous Employer:									
Address:		City			State	:	Zip Code:		
Position:		How Long:							
Hourly Salary (please Circle)	Hourly Rate:	Annual Income:							
Phone: Supervisor's Name									
Vehicle Make:	Model:		Year and Color:						
License Plate #: State:									
Emergency Contact Name:	rgency Contact Name: Relationship		Ph		none:				
Personal Reference Name: Relationship		Phone:							
Have you ever been convicted of a felony; sued for non-payment of rent; broken a lease; evicted; or repossession? (Please circle) <ul> <li>Yes</li> <li>No</li> </ul> If yes, please explain: Note: \$25.00 per applicant for credit/information check is non-refundable. I/We, the undersigned, declare the above-mentioned information is true and extract and barebu authorize Medican West Anartments, to conduct an employment eredit check, criminal, and/or to verify our provide the second									
and correct and hereby authorize Madison West Apartments, to conduct an employment; credit check; criminal; and/or to verify our references/information. I/We, understand that this application is made subject to the approval of Property Owner/Manager, and may without designating									

references/information. I/We, understand that this application is made subject to the approval of Property Owner/Manager, and may without designating cause be disapproved by them; it being agreed that any such disapproval shall not be considered a reflection upon the applicant. This application is to be made part of the lease entered into by the applicant and the landlord. At a later date, if any of the above mentioned information is found to be false or misleading any lease or rental agreement between the applicant and the landlord granted, by virtue of this application, will automatically get canceled and security deposit, if any, shall be forfeited.

Signature of applicant: