## LINCOLNSHIRE PROPERTIES LLC AND INVESTMENTS

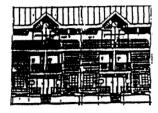
Dr. Charles C. Lozar Ginger M. Lozar

Signature\_

Management: PO BOX 6744 Champaign, IL 61826

Lincolnshire Townhouses Champaign Lincolnshire Campus Urbana

Lincolnshire Vintage Lincoln Park, Chicago



	Vacation Rental	Tucso	n, AZ	•	
PLEAS	E fill in all applicable inf	ormation as com	pletely as possible. Cell phone:	Your email:	
	RAL INFORMATION: nt's Full Name:				
Home Phone:Work Phone:					
Social S	Security #:		Birth Date:		
Driver's License #: State of:					
Marital Status: Spouse's Name:					
Driver's License #:					
•					
	RESIDENCE HIST	ORY:	PRESENT	PREVIOUS	
	Street Address:				
	City/State/Zip:				
	Landlord's Name:				
	Landlord's Phone:				
	Monthly Rent/Apt.:				
	Per Person:				
	People in Unit:				
	Lease Term:		/ - /	/ - /	
		Mo	. / Yr Mo. / Yr.	Mo. / Yr Mo. / Yr.	
		•			
	EMPLOYMENT INFO	RMATION	PRESENT	PREVIOUS	
	Employer's Name:				
	City/State/Zip:				
	Employment Term:				
	Position Held:				
	Supervisor:				
	Employer's Phone:				
	Income: Spouse:				
	Applicant:				
ļ	дрисант.				
SCHOOL INFORMATION: (if you are a student)					
Year in School: Fres			_SophomoreJuniorSenior_		
		If Grad Studen	t what year? 1234	<del></del>	
	School:	U of I	_ParklandOther		
	Term:	Entered: Jan.	June August 20		
		Graduation:			
	Major:		Degree Working On:		
VEHICLE INFORMATION:			Vehicle #1	Vehicle #2	
Type/Color				VOITIGIC #2	
	Make/Model/Year:	·-	<del></del>		
	Lic. #/ State				
	Lio. #/ Otato		_		
NOTIFY IN EMERGENCY: Nam		Name:			
		Street Address	S:		
		City/State/Zip:			
Pl		Phone #:	Relationship:		
PERMANENT ADDRESS:		name:			
		Street Address	i		
		City/State/Zip:			
		Phone #:			
I hereb	y make application fo	r a rental lease a	agreement and certify that this in	formation is correct. I authorize	
LINCO	LNSHIRE PROPERTIE	S LLC to contact	ct any reference above.		

Date: