LINCOLNSHIRE PROPERTIES
AND INVESTMENTS

DR. CHARLES C. LOZAR
LINCOLNSHIRE TOWNHOUSE MANAGEMENT
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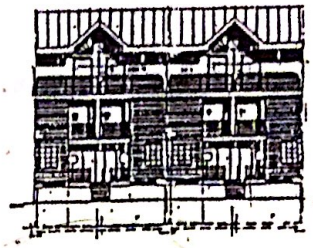
GINGER M. LOZAR
LINCOLNSHIRE CAMPUS MANAGEMENT



TENANT LEASE APPLICATION

Please fill in all applicable information as completely as possible. EMAIL _____

GENERAL INFORMATION:

Applicant's Full Name: _____
Home Phone: ( ) _____ Work Phone: ( ) _____
Social Security #: _____ Birth Date: _____
Driver's License #: _____ State of: _____
Marital Status: _____ Spouse's Name: _____
Bicycle: Yes___No___U of I Registration Number: _____
If leasing a furnished unit, state bed type preferred: _____

RESIDENCE HISTORY:

	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 INFORMATION:

Employer's Name:		
City/State/Zip:		
Employment Term:		
Position Held:		
Supervisor:		
Employer's Phone:		
Income: Spouse:		Hr___Wk___Mo___Yr___
Applicant:		Hr___Wk___Mo___Yr___

SCHOOL INFORMATION:

Year in School: Freshman___Sophomore___Junior___Senior___
If Grad Student, what year? 1 2 3 4
School: U of I ___Parkland___Other _____
Term: Entered: Jan. June Aug.
Graduation: Jan Jun Aug
Curriculum: _____ Degree Working On: _____

VEHICLE INFORMATION:

	Vehicle #1	Vehicle #2
Type/Color		
Make/Model/Year:		
Lic #/State:		

NOTIFY IN EMERGENCY:

Name: _____
Street Address: _____
City/State/Zip _____
Phone #: ( ) _____ Relationship _____

PERMANENT ADDRESS:

Name: _____
Street Address: _____
City/State/Zip: _____
Phone #: ( ) _____

I hereby make application for a rental lease agreement and certify that this information is correct. I authorize Property Management, Inc. to contact any reference that I have listed

Signature _____ Date _____

OFFICE USE ONLY:

Landlord's Reference: _____
Employer's Reference: _____
Credit Bureau Check: _____

Application A ed (Yes/No)
Approved by: _____ Date _____