



610 South Randolph
Champaign, IL 61820
(217) 359-3527
www.joeallanproperties.com

Date: _____
Property _____
Shown By: _____
Interested In: _____

Return application to 610 South Randolph, Champaign with the \$20 non-refundable application fee. All tenants must have a credit score of 650 or above.

Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

E-mail: _____ Cell #: _____

Driver's License Number: _____ State: _____

Current Address: _____

Co-Applicant's Name: _____

Social Security Number: _____ Date of Birth: _____

E-mail: _____ Cell #: _____

Driver's License Number: _____ State: _____

Current Address: _____

Current Monthly Rental Amount: _____ Name of Landlord: _____

Landlord's Phone Number: _____ Reason for Leaving: _____

EMPLOYMENT: (Please list last 3 years. Use additional sheet of paper if needed)

Applicant: Current Employer: _____ Phone Number: _____

Address: _____

Date Started: _____ Monthly Net Home Pay: _____

Previous Employer: _____ Phone Number: _____

Address: _____

Date Started: _____ Monthly Net Home Pay: _____

Co-Applicant: Current Employer: _____ Phone Number: _____

Address: _____

Date Started: _____ Monthly Net Home Pay: _____

Previous Employer: _____ Phone Number: _____

Address: _____

Date Started: _____ Monthly Net Home Pay: _____

Other Source of Income: _____ Monthly Amount: _____

Student: Applicant _____ Department _____

Co-Applicant _____ Department _____

Name of Bank: _____

Number of Vehicles: Autos _____ Trucks _____ Motorcycles _____

License Numbers of Each Vehicle:

Will you or the other occupants have a pet? _____ Breed/Weight/Age: _____

Have you or the other occupants ever been evicted? _____

Have you or the other occupants ever broken a rental agreement or lease contract?

Have you or the other occupants ever been sued for non-payment of rent or damages to rental property?

Have you or the other occupants ever filed bankruptcy? _____ If yes, date _____

Have you or the other occupants ever been convicted of a felony? If yes, please explain.

(Not applicable in Urbana, Illinois)

Give name, date of birth and relationship of all persons, (other than yourself), who will occupy the apartment either full or part-time. Occupants 18 or older must complete a separate application before approval can be given.

Emergency contact person (must be a relative): _____

Relationship: _____ Phone Number: _____

Address: _____

Special conditions or request: _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, and credit records. Applicant acknowledges that false information herein will constitute grounds for rejection of this application, termination of right of occupancy and or forfeiture of deposits and may constitute a criminal offense.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

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