

Rental Application

Mike & Stephanie Crews

(618) 201-6108

Property : 779 Clark School Rd, DeSoto, IL- off Reed Station Rd

Applicant Information

Name:		
Date of birth:	Phone:	Date:
Current address:		
City:	State:	ZIP Code:
Own Rent (circle)	Monthly payment or rent:	How long?
Landlord:	Phone:	
Reason for leaving:		
Previous address:		
City:	State:	ZIP Code:
Owned Rented (circle)	Monthly payment or rent:	How long?
Landlord:	Phone:	

Additional Information – Applies to Applicant AND Co-Applicant (circle)

Are you a smoker? YES NO	Will you or anyone else be smoking inside? YES NO
Have you ever filed for bankruptcy? YES NO	Have you ever been sued? YES NO
Have you ever been evicted? YES or NO	Have you ever been convicted of a crime? YES NO
Explanation for above:	

Employment Information

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Hourly Salary (circle)	Annual income:

Co-applicant Information

Name:		
Date of birth:	Phone:	Date:
Current address:		
City:	State:	ZIP Code:
Own Rent (circle)	Monthly payment or rent:	How long?
Landlord:	Phone:	
Reason for leaving:		
Previous address:		
City:	State:	ZIP Code:
Owned Rented (circle)	Monthly payment or rent:	How long?
Landlord:	Phone:	

Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)		Annual income:
Additional Occupants			
Full Name		Age	Relationship to Occupant
Pet Information – list each pet - if approved, \$200 non refundable fee per pet			
Pet type		Breed	weight
References- personal/ professional (non-relation)			
Name:		Address:	Phone:
Please Read before signing:			
<ol style="list-style-type: none"> 1. I authorize the verification of the information provided on this form as to my credit and employment. 2. I understand that the information obtained will be used only for the purpose of determining whether I qualify for consideration as a tenant and will not be used for any other purpose. 3. I understand that if accepted, the rent will be due between the 1st and 5th of every month. 4. I understand that if accepted, it is MY responsibility to deposit the rent into Miles Rental account by the above date. 5. I understand that if accepted, a 30 day notice is required for consideration of my deposit to be returned. No move-outs between November thru February unless prior arrangements are made or lease is ending, or deposit will be forfeited. 6. I certify that the information provided is true and accurate and understand that providing false information can lead to the denial of services and/ or revocation of lease, if accepted. 			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

Rental Terms month-to-month lease from _____ to _____

First Month's Rent..... \$ _____
Deposit \$ _____
Other fees..... \$ _____
Total due upon move-in .. \$ _____