



## Application for Occupancy

Portion to be completed with the assistance of office staff:

Address: 1207 S. Wall St. Carbondale, IL 62901

Date: \_\_\_\_\_ Leasing Rep: \_\_\_\_\_

Move in date: \_\_\_\_\_

Unit Type: \_\_\_\_\_ Term: \_\_\_\_\_

Rent for entire lease: \$ \_\_\_\_\_

Number of persons to occupy apartment: \_\_\_\_\_

### Applicant Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden or Former Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Spouse** Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden or Former Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Residential Information

**Present**  Rent  Own  Family Dates There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apartment/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Home**  Rent  Own  Family Dates There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apartment/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prior**  Rent  Own  Family Dates There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apartment/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prior**  Rent  Own  Family Dates There: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apartment/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Employment and Income Information

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Spouse** Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Source of Income** Source: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

### Roommate Information (if applicable)

Name of roommates: \_\_\_\_\_

**Additional Information**

Have you ever willingly refused to pay rent? \_\_\_\_\_ If so, to whom and why? \_\_\_\_\_  
Have you ever been evicted? \_\_\_\_\_ If so, by whom and why? \_\_\_\_\_  
Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If so, when, where, and what was the charge? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Character Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. **Incomplete applications will not be processed.**

Each applicant agrees and represents that:

1. I hereby apply for and offer to lease the apartment described herein for the lease term stated, the rental rate and upon the terms and conditions set forth herein and in Lessor’s standard lease form. I warrant that all of the representations in this application are true and correct. The actual date of possession is subject to the vacation of premises by prior tenant, if any, and completion of necessary repairs or remodeling.
2. Applicant(s) agrees to sign a \_\_\_\_\_ month lease commencing \_\_\_\_\_, 2021 at a rental of \$\_\_\_\_\_ monthly in the apartment unit number known as The Quadrangle Apartments. I understand that occupancy of the apartment is limited to persons listed above as “Number of persons who will occupy apartment”. I understand that if children are occupants of the premises it is my responsibility to supply adequate supervision at all times.
3. Simultaneously with the execution of the application I am making a deposit in the sum of \$\_\_\_\_\_ plus a \$25 charge for running a “consumer report”, it being understood that the charge for the consumer report is not refundable. I agree to execute a lease within 3 days of being notified that my report is acceptable and the apartment is available to occupy. (Failure to execute a lease will cause Applicant’s deposit to be forfeited as liquidated damages.) Upon execution of the lease by me, it is understood that this deposit will be retained by the Lessor and applied to the Security Deposit under the terms and conditions contained in the lease. In the event possession is given after the 15<sup>th</sup> of the month, it is understood that at the time of execution of the lease, I will pay the pro rate share of rent through the end of the current month, plus the full rent for the following month.
4. I agree that the lessor may retain said deposit as liquidated damages for its costs and expenses, and not as a penalty, if any of the representations made by me herein are false. I further agree that my deposit is non-refundable (except for the provision of paragraph 5 herein) and the deposit will be retained if I do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).
5. I understand that Lessor will refund said deposit to me within 30 days if the apartment specified (or any other apartment mutually agreed upon) is not available or if this application is rejected by the Lessor for any reason.
6. I understand that I acquire no rights on any apartment until I sign a lease in the form submitted to me; until all monies are paid to the Lessor as set forth above; and the lease is executed by the Lessor.
7. I understand that my application may be rejected if during the investigation there are found to be judgments, lien(s) or bankruptcy in my personal credit history.
8. I hereby authorize Lessor to obtain information it deems desirable in the processing of my application for residency, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information, and release Lessor, its employees and agents from all liability for damage whatsoever incurred from furnishing or obtaining such information.
9. Applicant(s) hereby authorizes Lessor to procure a “consumer report” as defined in the “Fair Credit Reporting Act, 15 U.S.C. 168 a(d), seeking information on the credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living of applicant(s). I also agree and understand that Lessor may obtain additional consumer and rental reports on me in the future to update or review my account.



**Applicant Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application fee and/or deposit can be paid with check or money order OR \*online with Visa, MasterCard, or Discover by visiting the ‘Contact Us’ tab on The Quadrangle Apartments website.

\*Online payments fees are required, see website for details.