

# Grant Street Apartments

**407 W. Grant Street  
Macomb ,IL ,61455**

**Office - 309 - 836 - 6694  
Fax - 847 - 854 - 7738**

## Move In Info

Apartment: \_\_\_\_\_  
Deposit : \_\_\_\_\_ Rent: \_\_\_\_\_  
Contract: \_\_\_\_\_ Move in date: \_\_\_\_\_

## Applicant Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Day: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
License: \_\_\_\_\_ Smoke?: Yes \_\_\_\_\_ No \_\_\_\_\_

## Co-Aplicant Info – if needed

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Day: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
License: \_\_\_\_\_ Smoke?: Yes \_\_\_\_\_ No \_\_\_\_\_

## Others who will be living in this Property

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

## Current Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Leave Reason: \_\_\_\_\_

## Past Rental History

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Leave Reason: \_\_\_\_\_

## Employment History

Company: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emp Length: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_

## Co-Applicant Employment History

Company: \_\_\_\_\_  
Manager: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emp Length: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_

## Additional Income

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Verify with: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## Banking Information

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

## Personal References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Automobile Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

## Credit Card Information — if applicable

Visa / Mastercard / Discover

CC# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security # \_\_\_\_\_ (3 digits on the back)

Authorized Signature \_\_\_\_\_

*I authorized Grant Street Apartments to charge a pre-determined amount to my credit card.*

## Additional Information

Have you ever been \_\_\_\_\_  
convicted of a crime? \_\_\_\_\_  
Describe and Date each \_\_\_\_\_  
one: \_\_\_\_\_

Have you ever been evicted, declared bankruptcy or had a judgement? Describe and Date each one:

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	I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.

	I understand that the information provided might be used by Landlord to determine whether to accept this application. I authorize Landlord to verify all the information given in this application, including past rental information, personal references and employment information provided. I authorize the Landlord to obtain a current credit and criminal background check.

	I understand that this application is not a rental agreement and that this application does not create any obligation on the Landlord

The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_