

Kenmill LLC
1275 Studio Lane, Riverwoods, IL 60015
E: kevin@artecrentals.com

There is a \$___/person non-refundable application fee for cost of verifying references and a credit check. All applications must have the fee enclosed or paid for to be considered. This application is subject to approval of owners.

Address Applied For: _____ Unit #: _____
Application Date: _____ Lease Start Date: _____ Monthly Rent: _____

Applicant

Name: _____
SSN: _____ - _____ - _____ DOB: _____
Driver License # _____
Cell Phone #: _____ - _____ - _____
E-Mail: _____
Relation to Co-Applciant _____

Co-Applciant

Name: _____
SSN: _____ - _____ - _____ DOB: _____
Driver License # _____
Cell Phone #: _____ - _____ - _____
E-Mail: _____
Relation to Applicant _____

Present Applicant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit: _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: (____) _____
E-Mail: _____

Present Co-Applciant Residency

Address: _____
City: _____ State: _____ Zip: _____
Date: From _____ To _____
Monthly Rent: _____ Deposit: _____
Reason for Moving: _____

Landlord's Name: _____
Phone Number: (____) _____
E-Mail: _____

Applicant Employer

Employer: _____
City: _____ Monthly Income: _____
Phone Number: (____) _____ Since: _____
Occupation: _____
Supervisor: _____

Co-Applciant Employer

Employer: _____
City: _____ Monthly Income: _____
Phone Number: (____) _____ Since: _____
Occupation: _____
Supervisor: _____

Other Income

Other Income

Applicant

Co-Applicant

Have you ever filed Bankruptcy? _____

Have you ever filed Bankruptcy? _____

Have you ever been evicted? _____

Have you ever been evicted? _____

Do you have a waterbed? _____

Do you have a waterbed? _____

Do you have the required security deposit and first month's rent? _____

Do you have Section 8 (If yes, provide certificate number and bedroom limit)? _____

Saving & Checking Accounts

Bank Name	Account in name of	Account Type	Current Balance
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Monthly Payments (Other than utility payments i.e. Car Payments, etc.)

Lender Name	Type of Loan	Monthly Payment	Current Balance
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Occupants (Anyone who will occupy the dwelling)

Full Name	Date of Birth	Social Security #	Relationship with Applicant	Income and source (if any)
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Vehicle(s)

Make	Model	Year	License plate #	Owned By
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Notify In Case Of Emergency

Name	Relationship	Phone	Address	City/State/Zip
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TENANT RELEASE AND CONSENT

I/We _____, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Previous Landlords (including Public Housing Agencies)

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	(Print Name)	Date
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Co-Applicant/Resident	(Print Name)	Date
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NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.