

Phone#: 262-822-HOME(4663)
Fax#: 262-661-7706
eMail: application@holismproperties.com
PO Box 133, Lincolnshire, 60069-0133, IL

Holism Properties
Where our properties become your Home.

3-Star Resident Rental Application

All Sections Must be filled in otherwise application will be rejected.

Each adult (18 or older) must fill out separate application today's date: _____

Occupancy date desired: _____ Rental Price Range: _____ Type/size desired: _____

Rental address desired or shown: _____

How did you hear about this home or apartment? _____

Applicant's Personal Information ___ (Copies of your driving and Social Security Cards will be requested)

First name: _____ Middle: _____ Last: _____

Birth Date: _____ Driver's license/ID number/state: _____

Social Security #: _____ Phone: _____

Alternative phone: _____ Email address: _____

Facebook ID: _____

Any other names you've used in the past: _____

Additional Occupants (List every occupant's name, birth date, and their relationship to applicant.)

Name	Date of Birth	Relationship

How long do you plan on living in the next rental home that meets your needs? (1, 3 or 5 years) _____

Would you like to receive a rental gift on your anniversary dates as part of a 3-Star Resident Program? _____

Preferred Rental Type Desired? Standard ___ Custom ___ **Preferred Rent Due Date?** Monthly ___ Other ___

Do you already own any appliances (if so, which ones) Stove ___ Refrigerator ___ Microwave ___

Washing-Machine ___ Tumble-Dryer ___ Other _____

Do you have renter's insurance? ___ Any liquid filled furniture? ___

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Residence History

Have you ever broken a lease? ____

Ever refused to pay for any reason? ____ Ever evicted or asked to leave? ____ Ever filed for bankruptcy? ____

Ever been convicted of a crime? ____ Do you give us permission to do a criminal background check? ____

Currently have any utilities in your name? ____ Currently have phone service in your name? ____

Is there anything to prevent you from placing utilities in your name? ____ Will any occupants smoke? ____

Current address: _____

Dates lived at this address? _____ Monthly Rent? _____

Name of present landlord: _____ Phone _____

Address of present landlord: _____

Reason for moving: _____ Is your rent current? _____

Number of late payments at this address? _____ Security deposit currently held by landlord? _____

Have you had any reoccurring problems with your current home or landlord? _____

2nd Previous address: _____

2nd Previous landlord: _____ 2nd Previous landlord's phone: _____

Dates at 2nd address: _____ Reason for moving? _____ Monthly Rent? _____

Was your full security deposit returned? _____ Amount of security _____ # of late payments? _____

Bonus Note: We provide cash/free property upgrade to residents who refer a friend or coworker to us and they move into one of our places. List the name and phone of anyone you know who may need a home or apartment.

Phone _____

Income / Employment History

Applicant's current employment status: Full-time: ____ Part-time (less than 32 hrs.): ____ Student: ____

Retired: ____ Self-employed: ____ Unemployed: ____ Other: _____

Applicant employed by: _____ Supervisor's name: _____

Phone _____ Average weekly hours: ____ How long at that place of employment? _____

Address: _____ City: _____ State: ____ Zip: _____

Position: _____ Monthly/Biweekly/Weekly (Circle one) Income:\$ _____

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Also employed by: _____ Supervisor's name: _____

Address: _____ City: _____ State: ____ Zip: _____

City: _____ State: _____ Zip: _____

Position: _____ Monthly/Biweekly/Weekly (Circle one) Income:\$ _____

Phone _____ Average weekly hours: _____ How long at that place of employment? _____

Emergency Contact: In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

Emergency contact: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Additional Income: (verifiable sources of income that you'd like considered, please list income and source).

Additional source: _____ Amount: \$ _____

Contact person: _____ Phone: _____

How long have you been receiving this income? _____ How long do you expect income to continue? _____

Credit History / Assets

Number of vehicles? _____ Any business vehicles, RV, campers, boats or motorcycles? _____

Vehicle 1 (make/model/color): _____ Vehicle 2 _____

Please note, only cars on application are authorized to be on premises. Do you have a car payment? \$ _____

List any other major monthly expenses and approximate amount? _____

Name of bank and branch: _____ Do you have a checking acct? ____ Savings ? ____

Part of our verification process is to request a credit report, is there anything negative we may find when we run a credit or criminal background check? _____

Personal /Professional References

Name of doctor or health care provider: _____ Attorney: _____

Name of nearest living relative: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Thank you for completing an application to rent from us. By signing below, applicant represents all information is true, complete, and authorizes annual contact/verification of information, references, and credit for continual tenancy or for collection purposes should it become necessary. If any information is found to be false, the application will be rejected and will be sufficient reason for immediate eviction and loss of deposit.

Signature/ Date