

# NEW KEYS REALTY RENTAL APPLICATION

Application Fee: \$ 20.00 per adult applicant (non-refundable) and payable to: New Keys Realty

Leasing Agent: Adam Gribble – PO Box 16414 – Loves Park, IL – 61132 phone: 815-540-8133 – fax: 815-231-8352

Rental Location: \_\_\_\_\_ Website: RentRockford.com

Apartment #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ Move-in Date: \_\_\_\_\_

Please list all people who will occupy apartment: (include first name, last name & middle initial)

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

How Long Occupied: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_ Landlord/Manager Name: \_\_\_\_\_

Landlord/Manager Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_ Phone: \_\_\_\_\_ Type of work: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ **Gross monthly** take-home pay: \$ \_\_\_\_\_ (**ATTACH COPY "PROOF OF INCOME"**)

Other income per month (list): \_\_\_\_\_ Pets: [ ] no [ ] yes--Type: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Previous Landlord/Manager Name: \_\_\_\_\_ Previous Landlord/Manager Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

How Long Occupied: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_ Landlord/Manager Name: \_\_\_\_\_

Landlord/Manager Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_ Phone: \_\_\_\_\_ Type of work: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ **Gross monthly** take-home pay: \$ \_\_\_\_\_ (**ATTACH COPY "PROOF OF INCOME"**)

Other income per month (list): \_\_\_\_\_ Pets: [ ] no [ ] yes--Type: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_

Previous Landlord/Manager Name: \_\_\_\_\_ Previous Landlord/Manager Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have either applicants been evicted before: [ ] no [ ] yes Explain: \_\_\_\_\_

Make/Model of vehicle: 1. \_\_\_\_\_ License plate number: \_\_\_\_\_

2. \_\_\_\_\_ License plate number: \_\_\_\_\_

How did you hear about us? [ ] Word of Mouth [ ] Newspaper [ ] Street Sign [ ] Internet: web-site name: \_\_\_\_\_

**APPLICATION SUBJECT TO APPROVAL. AN EVICTION/CRIMINAL CHECK, EMPLOYMENT VERIFICATION, LANDLORD REFERENCES, AND CREDIT CHECK WILL HELP DETERMINE ELIGIBILITY OF APPLICANTS. IF APPROVED AND A DEPOSIT IS PLACED, RENTAL UNIT WILL BE HELD UNTIL AVAILABLE FOR OCCUPANCY AND IS NONREFUNDABLE. ONCE LEASE IS SIGNED, THE DEPOSIT BECOMES A DAMAGE DEPOSIT.**

Please sign to indicate the above information is understood and true:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date