out ue'	Referral (Nam	0).				
Jul us			 	 	 	
	Internet (Web	site):		 		
	Sign:	,				
	Apartment Fin	der (Company):				
		Specify):				
	Other (Please	Specify):	 	 _	 	

		Rent	al Applicati	on			
Non-refundabl	e Move-in Fee: \$50	00.00 (collected	upon approval of	applicat	submission of comp	oleted application	
Property Applying Fo	r:						—
Desired Move In Date	e:		Terr	n:	tc)	
Rent: \$ Security Dep		oosit: \$	Concessi	ons:			
1st Applicant Name:					Date of Birth:		
L	∟ast	First	Middle State:	Stat	us: Married / Single	/ Separated / Divorc	:ed
Home Phone #: (_ Cell Phone <mark>#: (</mark>)	E	-mail:		_
	Street			City	State Landlord Phone #: (_	Zip Code	
	Street			City	State	Zip Code	
Rent Amount: \$			Length of (Occupan	cy:	_ to	_
	less than 3 years):St	reet		City I	State Landlord Phone #: (_	Zip Code 	
Landlord Address:	Street			City	State	Zip Code	
Rent Amount: \$			Length of 0	,		_ to	
2nd Applicant Name:	: _ast	First	Middle		_ Date of Birth: _		
	ID #: _				us: Married / Single	/ Separated / Divorc	:ed
Home Phone #: ()	_ Cell Phone#: (E	-mail:		
	Street			City	State	Zip Code	
					Landlord Phone #: (_)	
Landlord Address: Rent Amount: \$	Street		Length of (City Occupan	State	Zip Code _ to	_
Previous Address (If	less than 3 years):			City	State	7:- 0-4-	_
Previous Landlord: _		reet		City l	Landlord Phone #: (_	Zip Code)	
Landlord Address:	Street			City	State	Zip Code	
Rent Amount: \$			Length of (cy:		
List all additional occ	supants of premise:						
Name: Last	First	Middle	Date of Birth:	_/	/ Relationshi	p:	_
Name: Last	First	Middle	Date of Birth:	_/	/ Relationshi	p:	_
Name: Last	First	Middle	Date of Birth:	_/	/ Relationshi	p:	
	1600 obormo	n avanua	cuito 204	AVS	neton il 6020	1 1	

1609 sherman avenue • suite 304 • evanston, il 60201 phone: 847.866.1966 • fax: 847.328.5211 www.robinsonrental.com



Employment History 1st Applicant Present Employer: _______ Dates of Employment: ______ Employer Address: Street City State Zip Code Position: _ Phone #: (Ext. #: __ _) ____ - ____ Ext. #: __ Supervisor: _ Phone #: (_ _____ Weekly / Biweekly / Monthly / Annually Income (Gross): \$____ Full Time / Part Time / Temporary Previous Employer (If less than 3 years): ___ _ Dates of Employment : ____ Employer Address: Street Citv State Zip Code ___ Ext. #: __ Phone #: (Position: _ Phone #: (_____ - ____ Ext. #: _____ Supervisor: ___ ______ Weekly / Biweekly / Monthly / Annually Full Time / Part Time / Temporary Income (Gross): \$____ 2nd Applicant Present Employer: _____ _____ Dates of Employment: ___ Employer Address: Zip Code Street State City Position: __ Phone #: (_ Ext. #: _____ Supervisor: ___ Phone #: (_ _) ____ - ____ Ext. #: ___ _____ Weekly / Biweekly / Monthly / Annually Income (Gross): \$____ Full Time / Part Time / Temporary Previous Employer (If less than 3 years): __ Dates of Employment : ___ Employer Address: Street City State Zip Code Phone #: (Ext. #: _ Position: Supervisor: ___ Phone #: (_ __ Ext. #: __ _____ Weekly / Biweekly / Monthly / Annually Full Time / Part Time / Temporary References 1st Applicant Business Reference Name: ___ _____ Relationship: ___ Phone #: (______ - ____ - _____ Address: Street City State Zip Code Personal Reference Name: ___ Relationship: __ Phone #: (______ - _____ Address: City Street State Zip Code 2nd Applicant Business Reference Name: ___ _ Relationship: __ Phone #: (______ - _____ State Street City Zip Code Personal Reference Name: ___ Relationship: ___ Phone #: (______ - ____ Address: Street City State Zip Code



Date: ____/___/

Emergency Contact Family member or friend other than any occupant listed on application 1st Applicant Emergency Contact Name: ____ Relationship: _ Phone #: (Address: Street City State Zip Code Emergency Contact Name: _ Relationship: Address: Phone #: (_ City State Zip Code 2nd Applicant Emergency Contact Name: ____ Relationship: _ Phone #: (_ Street City State Zip Code Relationship: _ Emergency Contact Name: _ Address: Phone #: (______ - _____ City Street State Zip Code **Vehicle Information** Number of Vehicles (Including Company cars): ___ _____ Model: _____ Year: _____ Make: _____ License Plate #: __ _____ State: ___ _____ Year: ___ Model: License Plate #: _____ State: _____ Color: __ Model: __ Make: _____ Year: __ ____ License Plate #: ___ ___ State: __ The \$50.00 application fee is due upon submission of the application. The application fee is used to obtain credit check, criminal background check, employment verification, tenancy verification, and any other necessary information to make a leasing decision. The \$50.00 is non-refundable for any reason. Robinson Rental does not discriminate based on race, color, religion, sex, age, sexual orientation, marital status, presence of or age of children, or national origin. No pets are allowed without written consent from management and management's receipt of additional non-refundable pet fee. **Authorization to Release Information** I certify that all information in this application is correct. I authorize Robinson Rental to collect any and all information and documentation requested. A copy of this authorization may be accepted as an original. Signed: 1st Applicant: Date: ___/___/

2nd Applicant:



To be completed by APPLICANT:					
Tenant:					
Address:					
City, State, Zip:					
Length of Occupancy:	Rent Amount: \$				
I, authorize Robins they request. A copy of this authorization may be accepted as an original content of the copy of the		y and all information and documentat	on		
Applicant:	Date:				
To be completed by LANDLORD:					
Is the above information accurate?	Yes	No			
Did the tenant consistently pay rent on time?	Yes	No			
Have you ever had to file for eviction on this tenant	? Yes	No			
Did the tenant give you proper notice of his move?	Yes	No			
Have you received any complaints about this tenant If yes, what were they regarding?	? Yes	No			
Other Comments:					
Completed By:	Title:				
Company:	Date:				