



947 Lois Place, Joliet IL 60435
(815)744-4528 / (815)744-7236 (FAX)

STUDIO

1 BEDROOM

2 BEDROOM

3 BEDROOM

HOUSEHOLD INFORMATION

List **ONLY** yourself and your dependents (under 18) that will be living in the apartment. Other adults will need a separate application.

List all sources of income for **ONLY** yourself. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits and **ALL** assets. Proof of assets will be required.

| | HEAD OF HOUSEHOLD | CHILD | CHILD | CHILD |
|--------------------|-------------------|-------|-------|-------|
| FIRST NAME | | | | |
| LAST NAME | | | | |
| RELATIONSHIP | SELF | | | |
| MALE / FEMALE | | | | |
| SOCIAL SECURITY # | | | | |
| DATE OF BIRTH | | | | |
| STUDENT (YES / NO) | | | | |

INCOME ANTICIPATED FOR THE NEXT 12 MONTHS FOR EACH HOUSEHOLD MEMBER (do not include previous employers)

| | | | | |
|----------------------------------|--|----------------------|----------------------|----------------------|
| NAME OF 1 ST EMPLOYER | | //////////////////// | //////////////////// | //////////////////// |
| START DATE | | //////////////////// | //////////////////// | //////////////////// |
| POSITION | | //////////////////// | //////////////////// | //////////////////// |
| GROSS INCOME | | //////////////////// | //////////////////// | //////////////////// |
| | | | | |
| NAME OF 2 ND EMPLOYER | | //////////////////// | //////////////////// | //////////////////// |
| START DATE | | //////////////////// | //////////////////// | //////////////////// |
| POSITION | | //////////////////// | //////////////////// | //////////////////// |
| GROSS INCOME | | //////////////////// | //////////////////// | //////////////////// |
| | | | | |
| SOCIAL SECURITY | | //////////////////// | //////////////////// | //////////////////// |
| PENSION | | //////////////////// | //////////////////// | //////////////////// |
| RETIREMENT | | //////////////////// | //////////////////// | //////////////////// |
| CHILD SUPPORT | | //////////////////// | //////////////////// | //////////////////// |
| ALIMONY | | //////////////////// | //////////////////// | //////////////////// |
| OTHER | | //////////////////// | //////////////////// | //////////////////// |
| OTHER | | //////////////////// | //////////////////// | //////////////////// |

INCLUDE ALL ASSETS AND THE INCOME GENERATED FROM ALL ASSETS (MUST SUPPLY PROOF OF ALL ASSETS)

| ASSETS | BANK NAME | ACCOUNT NUMBER | AVERAGE BALANCE |
|--------------|-----------|----------------|-----------------|
| CHECKING | | | |
| CHECKING | | | |
| SAVINGS | | | |
| SAVINGS | | | |
| OTHER SOURCE | | | |

YOUR CONTACT NUMBERS

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-Mail Address: _____

Driver's License or State ID # _____ State _____

Do you have any pets? YES ☐ NO ☐ If YES, how many? _____ List all pets: _____

HOUSING INFORMATION

Do you own or rent at your current address? RENT ☐ OWN ☐ LIVE WITH FAMILY ☐

CURRENT ADDRESS:

Street: _____

City/State: _____

Move-in date: _____

Move-out date: _____

CURRENT LANDLORD (if family, list family members name):

Name: _____

Street: _____

City/State: _____

Phone #: _____

PREVIOUS ADDRESS: (If current address is less than 5 years)

Street: _____

City/State: _____

Lease start/move in date: _____

Lease end/move out date: _____

PREVIOUS LANDLORD: (If current address is less than 5 years)

Landlord: _____

Street: _____

City/State: _____

Phone #: _____

SIGNATURE CLAUSE

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize and consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information, including source names, addresses, phone numbers, account numbers (where applicable) and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

Head of Household

Date

EMPLOYMENT INFORMATION

Current Employers Name: _____

Current Employers Address: _____ City _____ State _____ Zip _____

Person to Contact: _____ Phone Number/Ext: _____

If you are currently working two jobs, please add your second job below (Do not include previous employment):

Second Employer (if applicable): _____

Second Employer Address: _____ City _____ State _____ Zip _____

Person to Contact: _____ Phone Number/Ext: _____

PERSONAL REFERENCES

| NAME | ADDRESS | PHONE | YRS KNOWN |
|-------|---------|-------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMERGENCY CONTACTS (please list 2)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

RELEASE OF INFORMATION:

I hereby authorize and give my permission to Larkin Village or any agent(s) of Larkin Village Apartments to contact any of my previous employer(s), company(ies), Landlord(s), corporation(s) or educational institution(s), and to contact credit bureaus, Governmental agencies or any other person(s) or entity(ies) necessary for Larkin Village Apartments to facilitate the release of information for the purpose of evaluating the Rental Application which I submitted to Larkin Village Apartments. I understand that Larkin Village Apartments may, in addition to verifications and asset verification (banking accounts, life insurance policy(ies), credit union shares, etc...), contact a credit reporting agency or agencies for the purpose of evaluating my past and present credit standing. Additionally, Larkin Village Apartments may conduct a criminal background investigation and may obtain this and/or other information from various sources as permissible by law. I hereby release Larkin Village Apartments or any agent(s) of Larkin Village Apartments from responsibility or liability arising from their obtaining this information.

I believe, to the best of my knowledge, that all information given within the preceding Rental Application is true and correct, and that I fully understand the terms of this "Release of Information".

Applicant Signature

Date

Property Manager/Agent

Date



947 Lois Place Joliet, Illinois 60435
Phone 815-744-4528 Fax 815-744-7236

Employment Verification

Employer's Name: _____

Mailing Address: _____

Employer's Phone: _____

Employer's Fax: _____

Applicant/Tenant Release Statement- TO BE COMPLETED BY APPLICANT:

Applicant/Tenant Name: _____
I hereby authorize the release of the following information in order to determine my eligibility for the housing Credit Program. **Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.**

Signature: _____ Social Security #: _____

TO BE COMPLETED BY HUMAN RESOURCES, OFFICE MANAGER OR SUPERVISOR.

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position/Title: _____ Date of Hire: _____

Compensation Information

1. Hourly Wages: \$ _____ Has employment been continuous? _____
2. # of Hours per Week: _____ If NO, explain: _____
3. # of Weeks per year (52): _____

Overtime Information

4. Hourly Overtime Wages: \$ _____ Is Overtime seasonal: _____
5. #of Overtime Hours/Week _____ #of Weeks OT per year: _____

Raise Information

6. Next Raise Amount: \$ _____
7. Date of Next Raise: _____

Additional Compensation Information:

8. Tips per Week \$ _____
9. Bonuses/Commissions: \$ _____

Signature of Source: _____ Title: _____

Date: _____ Phone: _____

***THIS VERIFICATION MUST BE FAXED OR EMAILED.**

LARKIN VILLAGE WILL NOT ACCEPT HAND DELIVERED VERIFICATIONS.

***FAX TO 815/744-7236**

***EMAIL TO larkin.leasing@richmanmgt.com**

Please call us with any questions.

Disclosure Consent Form

The below requested information is necessary in order to acquire public information records to process your application.

Last First Middle
(Please print your full name)

Maiden Name

Social Security Number

Home Address

City State Zip Code

Date Of Birth Driver's License Number State

I hereby give consent for an investigative consumer report to be prepared to determine my eligibility for tenancy. I understand that this report may include information about me obtained from Law Enforcement Agencies, State Agencies, consumer credit reports, and social security information, as well as Public Records information such as criminal history information and civil records such as are allowed by law. I also attest that the above supplied information was given voluntarily and I understand that it is to be used for the purposes of verifying my identity in acquiring public information and for no other purposes.

SIGNED: _____

DATE: _____