## Redbird Property Management, Inc. •200 N. Linden, Normal IL 61761 • Ph. (309)454-4888 • Fax (309)454-4418• •Email: redbird@redbirdapts.com•

| To be completed by leasing Representative:   Property Address:   Base Rest: \$ Deposit: \$   Utilities Paid by Lessor: Gas Electric:   Application will be charged a \$20.00 application   fee has been paid. Application fee is not refund   Fee Received on by | Term of Lease:<br>Heat Water<br>on fee. No application<br>able | Hot WaterNone<br>will be processed until application |  |  |
|--|--|--|--|--|
| Home Phone: Work Phone:  |  | Cell Phone:  |  |  |
| Email:   |  |  |  |  |
| Applicant Name:  | Social Securi  | ity #:   |  |  |
| Driver's License #:  | Date of Birth:   |  |  |  |
| Present Address:   | Length of Occupancy:   |  |  |  |
| City: State:   | Zip:   | Rent:  |  |  |
| Current Landlord: Related: Yes No Phone #:   |  |  |  |  |
| Address: (   | City:  | State Zip:   |  |  |
| Reason for Moving:   |  |  |  |  |
| Previous Landlord:   | Related: Yes   | No   |  |  |
| Phone Number:  | Dates of residency   | /:   |  |  |
| Have you or any person to reside in the apartment been evicted, asked to move out, or have a collection from a previous landlord? Yes No   |  |  |  |  |
| If yes, explain:   |  |  |  |  |
| Have you or any person to reside in the a<br>drug related activity or convicted of any fel<br>If yes, explain:   | ony in the past five y   | vears? Yes: No:                                      |  |  |

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| All persons to reside in the apartment:   |   |  |
|---|---|--|
|   |   |  |
|   |   |  |
| Full legal name Relatio   | nship to applicant                                | Social Security #  |
| Employment:   | Leng  | gth:   |
| Address:  | City:   | _ State:   |
| Zip: Who is your Human Resource   | e contact?  | Phone #  |
| Position or Title:  |   | Theory of the second se |
| Income: Salaried per month: <u>\$</u>   | or wages/hc                                       | our: <u>\$</u>   |
| Number of hours/week:   |   |  |
| Make of Car:  | License Plate #:                                  | -  |
| Car Payment: \$   | How many payments left                            | ?  |
| No pets are permitted at any times!!!   |   |  |
| EMERGENCY CONTACT INFORMATIC  | ON(can not be a person of                         | on the lease)  |
| Name: Relation  | onship:   | _ Phone #:   |
| Name:Relation   | onship:   | _Phone #:  |
| <b>RELEASE OF INFORMATION:</b> I<br>MANAGEMENT, INC. or its agents to<br>determining approval of this application for<br>includes any history of residing, employment<br>deems necessary. | investigate my past his residing at the apartment | story for the purpose of nt indicated. This consent  |

Signature

Date

Received By