

739 Lincoln Avenue, Charleston, IL 61920 217.345.RENT (7368) / 217-512-2283 Fax

RENTAL APPLICATION

Please Print Legibly

Address Applying For:			
HOW DID YOU HEAR ABOUT UNIQUE PR	OPERTIES?		
PERSONAL INFORMATION:	MAJOR:		
Name:			
Date of Birth Soc.Sec.	#	Drivers Lic# / ID#	State
Current Address:	City, St., Zip:		
How long have you lived here?			
Current Landlord/ EIU /Owner's Name		Phone:	
Parent(s) Names:	Phone # 's	()	
Address:	City, State, Zip:		
Current Employer:Address:	City, State, Zip: _		
Guarantor's Name:	· -		
Address:			
Phone#			
ADDITIONAL INFORMATION:			
Personal Reference (Not your roommate or	Guarantor)	Phone: ()	
Address:			
Have you ever been evicted? Yes			
Have you ever been ever been convicted of			
NoYes If Yes, What?			
REFERRALS: Has anyone referred you to			
Name:)	
Name:			
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By signing this application you are giving Unrenting with us. Decisions are at Unique Hormy knowledge. I authorize investigation of al Properties, any and all information concerning may have, personal or otherwise. I understate eviction.	nes' discretion. I certify that t Il statements contained hereir ng my previous history/preser	he facts in this application are tru n and the references listed above nt information and any other pertir	ue and correct to the best to give you, Unique Hon nent information that they
Signature		Date	