Meredith's Apartment Management, Inc. Fax (309) 4564-4101 Phone (309) 454-4100

APPLICATION FOR TENANCY

Date: _____ **Tenancy Dates:** _____ **to** _____

Applicant's Name: _____
First Middle Last

Apartment Interested in: _____
How Rent will be paid: Savings_____Parents_____Job at School_____Financial Aid ___
Year in College: _____ **Major:** _____
Date of Birth: _____ **Driver's License #** _____

Address while at school: _____ **Phone:** _____

Parents' Names: _____
Home Address: _____
_____ **Phone**: _____

Parent Employed by: _____
Address: _____ **Phone:** _____

Former Residences:	**Owner/Manager**	**Phone**

Former Residence #1

Former Residence #2

Personal References: Non-Student/Non-Relative

Name **Phone** (Note work # as "W" or home # as "H")

1. _____

2. _____

The undersigned represents the above statements are true and complete and hereby authorizes verification of information and references given. This application and the information it contains is hereby expressly incorporated into the lease signed by the undersigned for the above-mentioned apartment and the undersigned agrees that any incorrect information supplied by him/her on this form is a breach of that lease. Applicant expressly authorizes a Credit Bureau Report.

Applicant Signature **Date**

OFFICE USE ONLY

Credit Report Checked: _____ Personal Reference checked: _____
Former Residences checked: _____ Comments: _____
Approved/Denied by: _____ Date: _____