



Apartment Rental Application*

Yolandra "Faith" Martin-Thomas IL Real Estate Broker
Phone 773-301-1091 Fax 708-843-5843

Applicant Information					
Name:					
Phone:			eMail:		
Current Address:			Own Rent (Please circle)		
City:		State:		Zip Code:	
Social Security:		Driver's License/State ID #:		Date of Birth:	
Landlord Information					
Landlord Name:		Monthly Rent Amt:		How long?	
Landlord Address:			Landlord Number:		
Lease Expires:	Reason for Moving:		Pets:		
Employment Information					
Current Employer:			eMail:		
Address:		City:	State:	Zip Code:	
Supervisor Name :			Phone:		Fax:
Position:	Monthly Income:		Hourly Salary (Please circle)		Years:
Other Income:					
Emergency Contact					
Name of a person not residing with you:			Relationship:		
Address:			Phone:		
Occupancy (2 persons per bedroom) Anyone Over the age of 18 must apply					
Name:	Relation:		Age:		
References					
Name:	Address:		Phone:		
I authorize the verification of the information provided on this form as to my credit, landlord and employment. I acknowledge that broker is following the rental qualifications of owner of record and rental qualifications may vary due to the various properties marketed. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information. YOU ACKNOWLEGE YOU HAVE REGISTERED FOR FREE ON MARTINTHEBROKER.COM					
Signature of Applicant:			Date:		

*Yolandra Martin IL Real Estate Broker acting on behalf of a Private owner or Management Company

Yolandra "Faith" Martin-Thomas*

IL Real Estate Broker
Phone 773-301-1091 Fax 708-843-5843

EMPLOYMENT VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties on my application to furnish the information requested below to **IL Real Estate Broker-Yolandra Martin**. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

To: (Company Name) _____

Attn: _____ **Date:** _____ **Phone:** _____ **Fax:** _____

The application identified above has applied with: IL Real Estate Broker The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to your and return it to the attention of

Faith Via Fax 708-843-5843. If you have any questions please call us at 773-301-1091.

EMPLOYMENT **CURRENT** **PREVIOUS** *(Completed by third party employer only)*

Applicant's Position: _____

Full Time: _____ Part Time: _____

Permanent: _____ Temporary _____

Start Date: _____ End Date: _____ Annual Salary _____

Hourly Rate: _____ Hours per Week: _____ Overtime: _____ Estimated Annual Commission _____

Verified by: _____ Title: _____ Signature/Date: _____

Notes: _____

Yolandra "Faith" Martin-Thomas*

IL Real Estate Broker

Phone 773-301-1091 Fax 708-843-5843

RENTAL VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties on my application to furnish the information requested below to **IL Real Estate Broker-Yolandra Martin**. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

To: (Company) _____

Attn: _____ **Date:** _____ **Phone:** _____ **Fax:** _____

The application identified above has applied with: Owner of Record The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to your and return it to the attention of

Faith Via Fax 708-843-5843 . If you have any questions please call us at 773-301-1091.

RESIDENCY **CURRENT** **PREVIOUS** *(Completed by third party landlord only)*

Applicant Address: _____

Lease Holder Name: _____

Move-In Date: _____ Lease Exp: _____ Rent Amount: _____

Current Mo. Rent Paid: _____ # of Late Payments: _____ # of Late Payments in Last 12 Months: _____

of Bad Checks: _____ Outstanding Balance: _____ Amount _____ Pets: _____

Skip : _____ Eviction: _____ Amount _____ Notice Required: _____ Notice Given: _____

of Occupants _____ Apartment Condition: _____

Any Lease Violations: _____ If yes please describe: _____

Verified by: _____ Title: _____ Signature/Date: _____

Notes: _____