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MelroseonFourth.com
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RENTAL APPLICATION 2022-23 SCHOOL YEAR

TENANT INFORMATION:

Legal Name: Cell Phone #: ( )

E-mail address: School e-mail address:

Date of Birth: Driver's License #: State:

Social Security #: (Copy of Photo ID Required ... Driver's License or State ID)

Name of your potential roommate here:

Current year in school: (please circle one) FRESH SOPH JR SR GRAD Major:

Where you live NOW: Zip Code:

How long at this address? MONTHS YEARS (please circle) Do you work, where?:

Current Landlord Name: Phone #: ( )

Emergency Contact: Phone #: ( )

Address: Zip Code:

Have you been referred to us by a tenant? If so, name:

Have you ever been evicted? YES NO (please circle) Have you ever been convicted of a major crime? YES NO (please circle)

(If YES, please use back side of paper to explain. Traffic violations do not count.)

PARENT/GUARANTOR'S INFORMATION: (We require (1) lease guarantee for each tenant. They will be required to complete a lease guarantee form.)

Parent Name: Phone #: ( )

Address: City/State: Zip Code:

Employer/Place of Business: Phone #: ( )

Parent Name: Phone #: ( )

Address: City/State: Zip Code:

Employer/Place of Business: Phone #: ( )

By signing this application you are giving Melrose on Fourth & Brooklyn Heights Apartments, LLC permission to do a criminal history check and or credit check if they decide to do so. Decisions made based on those findings are at Melrose on Fourth & Brooklyn Heights Apartments, LLC discretion. I certify that the facts in this application are true and correct to the best of my knowledge. I authorize investigation of all information given, references listed, all information concerning my previous history/present information and any other pertinent information that they may have, personal or otherwise. I understand that obtaining residency by false statements or representation may be cause for eviction. This application shall be valid for the entire term of the lease, as well as subsequent terms or renewals. If changes to this information occur, please contact our office.

Signature:

Date: