

TV Realty
P.O. Box 101
DeKalb, IL 60115
(815) 378-7962
(815) 748-3485 – Fax
tjvilet@comcast.net

There is a \$25.00 application
fee per person over the age of 18



tv-realty.com

RENTAL APPLICATION

DATE: _____

Applicant's Full Name: _____

Present Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Email: _____

Co-Applicant Name: _____

Present Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Social Security Number: _____ Date of Birth: _____

Co-Applicant D/L Number: _____ Email: _____

How Many Persons will occupy this apartment (including self)? _____ Please list below.

Name	Age	Relationship	Name	Age	Relationship

EMPLOYMENT HISTORY

Current Employer: __ - _____

Present Address: _____ Phone: (____) _____

Supervisor's Name: _____ Employed From: _____ To: _____

Position: _____ Salary: _____ week / month / year

Co-Applicant Employer: _____

Address: _____ Phone: (____) _____

Supervisor's Name: _____ Employed From: _____ To: _____

Position: _____ Salary: _____ week / month / year

If less than 1 year at current employer, list previous employers and phone numbers:

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RENTAL HISTORY

(Previous Rental History Is Required)

Current Landlord: _____ Phone: (____) _____

Landlord's Address: _____ How long at this address: _____

If Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

Address Rented: _____ Dates Rented: _____

Co-Applicant Landlord: _____ Phone: (____) _____

Landlord's Address: _____ How long at this address: _____

If Current Landlord is Less Than One Year or Currently Not Renting, Please Give Previous Landlord:

PROPERTY INTERESTED IN: _____ **DATE NEEDED:** _____

Do you have a pet? _____ What Type? _____ Weight? _____ Age: _____

Have you ever filed for bankruptcy? _____ Been evicted from tenancy? _____

Late on your rent payments? _____ Refused to pay rent when it was due? _____

Been convicted of a felony? _____ Smoker? _____ Who referred you to TV Realty? _____

Applicant: Who to contact in case of emergency: _____ Phone: (____) _____

relationship: _____ address: _____

Co-Applicant: Who to contact in case of emergency: _____ Phone: (____) _____

relationship: _____ address: _____

Please sign the Verification of Residency / Employment Release on the next page.

For Office Use Only

Credit Fee Paid: _____

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Verification of Residency / Employment Phone: 815-378-7962 - Fax: 815-748-3485

I hereby authorize my Landlord / Employer and / or credit agency to disclose the information requested below to Tv Realty.

_____	_____	_____
Applicant name (print)	Applicant signature	Social Security Number
_____	_____	_____
Co-Applicant name (print)	Co-Applicant signature	Social Security Number

Please return the application to TV Realty. We will contact your landlord / employer for further information. Thank you.

From: TV Realty

The applicant referenced above has applied for rental property and has indicated you as their Landlord / Employer. Please complete the following information and return it to us at your earliest convenience.

- I. Landlord Address:** _____
1. Lease Dates: _____
 2. How many people signed to the lease: _____
 3. Rent Amount: \$ _____ Security Deposit: \$ _____
 4. Amount of past due balance: \$ _____
 5. Number of late payments: _____
 6. Number of NSF checks in the last 12 months: _____
 7. Have any unauthorized persons lived in this unit: _____
 8. Has this resident been found with a pet: _____ Is it permitted: _____
 9. Have there been any noise problems: _____
 10. Have the police been called regarding the applicant or guests: _____
If yes, please explain: _____
 11. Has the applicant or guests acted in a physically violent or verbally abusive manner toward neighbors or staff: _____
If yes, please explain: _____
 12. Amount of security deposit refunded to tenant: \$ _____
Please explain: _____
 13. Would you rent to this resident again: _____
 14. Other problems: _____
 15. Are you related to this applicant: _____ If yes, how: _____

- II. Employer Employee Name:** _____
1. Starting date: _____
 2. Salary: _____
 3. Continued Employment expected: _____
 4. Are you related to this applicant: _____ If yes, how: _____

III. Landlord / Employer – Thank you for your assistance!

_____	_____	_____
Signature	Title	Date