



1055 East State Street,  
Rockford, Illinois 61104  
815.965-8683 phone  
815.965-8670 fax

Individual Applications required from **EACH** applicant.

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. Day \_\_\_\_\_ Evening \_\_\_\_\_

When did you move in to present address? \_\_\_\_\_

Will you have pets? \_\_\_\_\_

Describe \_\_\_\_\_

**PRESENT RESIDENCE INFORMATION**

Do you own? \_\_\_\_\_ or rent? \_\_\_\_\_ Present Monthly Rent \$ \_\_\_\_\_

How long did you live at your present address? \_\_\_\_\_

Name of present landlord \_\_\_\_\_

Is this person a relative? \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Landlord's Phone No. Day \_\_\_\_\_ Evening \_\_\_\_\_

Are you on a lease? \_\_\_\_\_ Lease Exp. Date \_\_\_\_\_

**PREVIOUS RESIDENCE INFORMATION**

Previous Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did you own? \_\_\_\_\_ Or rent? \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

How long did you live there? \_\_\_\_\_ Was proper notice given? \_\_\_\_\_

Date vacated: month \_\_\_\_\_ Year \_\_\_\_\_

Name of landlord? \_\_\_\_\_ Is this person a relative? \_\_\_\_\_

Landlord's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Landlord's Phone No. Day \_\_\_\_\_ Evening \_\_\_\_\_

Have you/ roommate/ spouse ever been evicted? \_\_\_\_\_

Has any landlord sued you/ roommate/ spouse for rent or damages? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_

Do you have a car? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

List all persons who will live with you in this Development:

FULL NAME

RELATIONSHIP

BIRTH DATE

(1) \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**GROSS ANNUAL INCOME**

List all full and/ or part time employment for all household members. Include self-employed earnings.

<u>Household member</u>	<u>Name &amp; Address of Employer</u>	<u>Gross Earnings</u>	
		<u>Current</u>	<u>Anticipated</u>
_____	_____	\$ _____	\$ _____
		per _____	per _____

Other sources of income: (ex. welfare, social security, S.S.I., pensions, disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forced Reserves, scholarships, and/ or grants).

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**ASSETS**

Checking Accounts	Bank _____	Acct. No. _____	Amt. _____
	Bank _____	Acct. No. _____	Amt. _____
Passbook Savings	Bank _____	Acct. No. _____	Amt. _____
	Bank _____	Acct. No. _____	Amt. _____
Savings Certif.	Bank _____	Acct. No. _____	Amt. _____

**CREDIT UNION SHARES**

Credit Union Name \_\_\_\_\_ Amount \_\_\_\_\_  
Address \_\_\_\_\_

Stocks and Bonds (Value) \$ \_\_\_\_\_ War Bonds (Value) \$ \_\_\_\_\_

Do you *NOW* own real estate? \_\_\_\_\_ If yes, what is the value? \$ \_\_\_\_\_

Have you *EVER* owned real estate? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List below any life insurance policy numbers that you may have and names and addresses of insurance companies:

Policy No. \_\_\_\_\_ Name & Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Name & Address \_\_\_\_\_

**IN CASE OF AN EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_

Applicant(s) represents that all the above statements are true and correct and thereby authorizes verification of the above items including, but not limited to, the obtaining of a credit and criminal report and agrees to furnish additional credit references upon request.

The application fee in the amount of \$25.00 which is due upon receipt of the application and is a non-refundable credit check fee.



Applicant Signature \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_



Longwood Plaza is a project of ZION Development Corporation

