

RENTAL APPLICATION

711 South Randolph Street • Champaign, Illinois
61820

Telephone: (217) 352-8540 • Fax: (217) 352-8592
rentals@faronproperties.com • www.faronproperties.com

Please submit \$10 processing fee with application.

Property: _____

Personal Information:

First Name: _____ M.I.: _____ Last Name: _____

Birthday _____ Social Security number _____

Present address _____ Phone _____
street city state zip

Email Address _____ Years at present address _____

Landlord/manager _____ Phone _____

Reason for leaving your present address: _____

Previous Address (if current address is not longer than 2 years) _____

Have you ever been evicted, asked to vacate, or otherwise terminated a lease before its expiration? _____
If yes, please explain: _____

Employment Information

Present Employer: _____ Position: _____

Supervisor _____ Phone _____ Income per month _____

Dates of Employment: _____

Past Employer: _____ Position: _____

Supervisor: _____ Phone: _____ Dates of Employment: _____

Vehicle Information

Vehicles make _____ Vehicle model _____

License plate no. _____ Driver's license no. _____

List below a relative or friend not currently living with you (minimum 5 year association):

Name _____ Relationship _____ Phone _____

Criminal Background Check

A criminal background check will be conducted on all adult applicants. Faron Properties reserves the right to deny any application after reviewing the criminal background check.

The undersigned agree and assume joint and several responsibilities for all debts incurred by them payable to the lessor by the renting of this apartment. The undersigned also agree that the lessor may verify all pertinent information with regard to credit in the rental of this apartment. This form shall be attached and become part of the lease agreement.

Signature _____ Date _____

How did you find out about Faron Properties & MJ Partners?

- Our Web site
- Property drive-by / outdoor sign
- News-Gazette advertisement
- Yellow Pages
- Daily Illini / Buzz advertisement
- Personal referral
- Other (please specify) _____