



Wellington Apartments Application

1350 Wellington Way #1A Decatur, IL 62526

Phone (217)330-8769 Fax (217)330-8772

Last Name First Name MI Birth Date Driver's License & State Social Security #

Home # ( ) Cell # ( ) Do you have Pets? Yes \_\_\_ No \_\_\_; Type \_\_\_\_\_ Size \_\_\_\_\_

Email address: How many people will be residing with you? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Nearest Relative: Phone: Address:

Emergency Contact: Phone: Address:

Reference: Phone: Address:

Reference: Phone: Address:

Current Residence History

Current Address:

Landlord or Mmt. Co. Name: Landlord or Mmt. Co. Phone: Landlord or Mmt. Co. Address:

Rent \_\_\_\_\_ Own \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Renters Insurance? Yes \_\_\_ No \_\_\_

Why are you vacating? Have you given proper notice to vacate? Yes \_\_\_ No \_\_\_

Have you ever been evicted? Yes \_\_\_ No \_\_\_ Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

Previous Address:

Landlord or Mort. Co. Name: Landlord or Mort. Co. Phone: Landlord or Mort. Co. Address:

Rent \_\_\_\_\_ Own \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Renters Insurance? Yes \_\_\_ No \_\_\_

Employment History

Employer Employer's Phone: Employer's Address:

Occupation Supervisor's Name: How Long? Years \_\_\_ Mos. \_\_\_ Gross Monthly Income? \$ \_\_\_\_\_

Employer Employer's Phone: Employer's Address:

Occupation Supervisor's Name: How Long? Years \_\_\_ Mos. \_\_\_ Gross Monthly Income? \$ \_\_\_\_\_

Additional Income

Amount: \$ Frequency: Source:

Assets and Credit Accounts

Make: Model: Year: Plate # Color: Payment Amount \$ \_\_\_\_\_

Make: Model: Year: Plate # Color: Payment Amount \$ \_\_\_\_\_

Do you have any credit accounts? Yes \_\_\_ No \_\_\_ Are all accounts in good standing? Yes \_\_\_ No \_\_\_

NON-REFUNDABLE APPLICATION FEE \$35.00

I certify that the above information is complete and correct and hereby authorize you to do a credit check, obtain an investigative consumer report and make any other inquiries you feel necessary to evaluate my tenancy and credit standing. I/we understand that giving incomplete information is grounds for rejection of the application. If any information supplied on this is later found to be false, this is grounds for termination of tenancy.

Owner / Agent has charged a screening fee as set forth above. Landlord may obtain an investigative consumer report which includes the checking of the applicant's credit, income, employment, rental history and may include information as to his /her character, general reputation, personal characteristics, and mode of living. You may have the right to request additional disclosures provided for under section 606§1681d(b) of the Federal Fair Credit Reporting Act, and a written summary of your rights pursuant to section 609 (C). You have a right to dispute the accuracy of the information provided to the owner / agent by the screening company or the credit bureau as well as a complete and accurate disclosure of the nature and scope of the investigation.

If the application is approved, applicant will have \_\_\_\_\_ hours from the time of notification to either execute a lease agreement and make all deposits requires thereunder or make a deposit to hold the unit and execute a deposit receipt which will provide for the forfeiture of the deposit if applicant(s) fail to occupy the unit. If applicant(s) fail to take the timely steps above, they will be deemed to have refused the unit and the next applicant for the unit will be processed.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_