



FARNSWORTH-HILL, INC.
LESSEE AUTHORIZATION AND INFORMATION AGREEMENT

Date of Application: _____

Building Address: _____

Unit Number: _____

Monthly Rent: _____

Lease Term: _____

Earnest Money Deposit: _____

Credit Report Fee: _____
(non-refundable)

Total Paid: _____

Parking Requested: [] N/A

[] Covered _____

[] Uncovered _____

Amount due at lease signing \$_____

Smoking is NOT permitted

Pets ARE ARE NOT permitted
CATS DOGS

Heat Paid by: [] Lessor [] Tenant

[] This lease will require Guarantor(s). Separate application(s) are attached for each Guarantor

Referred By: [] Friend [] Newspaper [] Sign [] Other

Authorization Agreement

The undersigned applicant(s) hereby apply for a lease on the terms and conditions described herein. The applicants understand and authorize the Agent/ Lessor to investigate, using all resources available to Agent/Lessor, including but not limited to a consumer or credit reporting agency to investigate the applicant(s) character references and financial information contained in the Application.

The Applicant acknowledges the deposit of the earnest money and credit reporting fee as reflected above. The earnest money will be refunded to Applicant(s) within 30 days after notice from Lessor/Agent that said application has not been approved. The CREDIT REPORT FEE IS NOT REFUNDABLE. Notice of acceptance of lease shall be delivered or mailed to the applicant(s). Applicant(s) shall have ten (10) days to execute and deliver personally or through the mail to the Lessor/Agent the signed lease, together with the balance of the rent and other charges due upon acceptance of the lease and as reflected below. If the Applicant(s) fails for any reason to sign and/or return the lease within ten (10) days after Lessor/Agent has mailed or delivered the Lease to the Applicant(s), Lessor/Agent, at its option, shall retain the earnest money deposit as liquidated damages and/or withdraw its acceptance.

Until this applicant has been approved and accepted in writing by Lessor/Agent, Lessor/Agent shall have no obligation to execute and deliver a lease to the Applicant(s). Delivery of a lease shall not constitute acceptance of this Application and the lessee.

I (we) hereby agree to the terms contained herein, and acknowledge receipt of a copy of this Lessee Authorization and Agreement as a part of an apartment earnest money receipt.

All persons who are over the age of eighteen (18) and who will be occupying the premises and/or whose names will appear on the lease must complete the following application. A consumer or credit investigation may be made to substantiate the information provided on the application. Your signature on the application is authorization for the Agent/Lessor to investigate and substantiate all information provided on the application.

Applicant's Signature: _____

Applicant Information

Full Name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Landline Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Social Security #: _____ State: _____

Drivers License #: _____

Present Lessor: _____ Phone: _____ Fax: _____

Present Rent: _____ Lease Expiration Date: _____

Previous Address: _____ City: _____ State: _____ Zip: _____
 Lessor or Agent: _____ Phone: _____
 Rent: _____ Dates of Occupancy: _____

 Previous Address: _____ City _____ State: _____ Zip: _____
 Lessor or Agent: _____ Phone: _____
 Rent: _____ Dates of Occupancy: _____

Please list all persons residing with you in your future tenancy.

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

Employment and Financial Information

Present Employer: _____ Date Began: _____
 Job Title: _____ Present Salary: _____
 Supervisor: _____ Phone: _____
 City _____
 Address: _____ : _____ State: _____ Zip: _____

Previous Employment beginning with latest
 Name of Firm: _____ Begin: _____ End: _____
 Supervisor: _____ Phone: _____
 City _____
 Address: _____ : _____ State: _____ Zip: _____

Name of Firm: _____ Begin: _____ End: _____
 Supervisor: _____ Phone: _____
 City _____
 Address: _____ : _____ State: _____ Zip: _____

Income sources other than employer:
 Type: _____ Amount: _____
 Type: _____ Amount: _____

Present Financial Institution _____
 Checking Estimated Amount: _____ Savings Estimated Amount: _____

Personal Information:

Personal References (at least two)

Name: _____ Relationship: _____
 Address: _____ Phone: _____

 Name: _____ Relationship: _____
 Address: _____ Phone: _____

Person to contact in case of emergency

Name: _____ Relationship: _____
 Phone: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

PLEASE RETURN THIS FORM, SIGNED ALONG WITH THE EARNEST MONEY DEPOSIT AND CREDIT REPORT FEE TO:

FARNSWORTH-HILL, INC. AGENTS
 708 CHURCH STREET SUITE 211
 EVANSTON, IL 60201
 PHONE: 847-328-3330 FAX: 847-328-3071
 www.farnsworth-hill.com