

# PRC Park Ridge Commons Luxury Apartment Living

Luxury Apartment Rentals  
9030 Kennedy Dr., Des Plaines, IL 60016  
Phone 847.297.6700 Fax 847.297.6766

## APPLICATION PROCESS

Congratulations and thank you for choosing Park Ridge Commons as your new home and community! We are happy to hold the apartment you have chosen with your complete application(s) and the minimum holding fee.

The following is an explanation of the application process and your authorization for verification.

There is a \$35.00 non-refundable credit check fee per person, unless a couple is legally married.

There is a minimum holding fee of \$100.00, which will be applied towards your security deposit when you are approved.

The Deposit to Hold of \$\_\_\_\_\_ will be forfeited and retained by Park Ridge Commons L.L.C as fixed and liquidated damages if balance of Security Deposit is not paid and lease signed by \_\_\_\_\_ 20\_\_\_\_\_ provided the application is approved by Park Ridge Commons L.L.C

The Deposit to Hold is refundable only in the following 2 instances:

- A) Your application is denied
- B) You cancel your application within 72 hours, (before the above date).

Allow approximately 24 hours for the application evaluation process.

## VERIFICATION RELEASE

I, (we), Hereby consent and authorized Park Ridge Commons L.L.C and any of its agents to secure information pertaining to my character, general reputation and background in conjunction with verification of employment history and salary as well as rental /Landlord history. I, (we), understand that the information supplied by me can be utilized in conducting a background investigation, which may include, but not be limited to, a consumer credit report, criminal history search and verification of all information provided on the application form.

First month's rent payment must be paid by cashier's check, money order or VISA/MC if paid less than 2 weeks prior to move-in. (Credit cards will not be accepted for monthly rent).

I AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS,

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Park Ridge Commons

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If another adult is to occupy this apartment they also must fill out an application!  
A thirty-five dollar (\$35.00) non-refundable application fee must accompany each application.  
Application must be filled out in its entirety and signed. A photocopy of your I.D. must be attached to this application.

NAME:(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MID) \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_  
SOCIAL SECURITY # : \_\_\_\_\_ DRIVER'S LICENSE # : \_\_\_\_\_  
TELEPHONE NUMBERS: HOME(\_\_\_\_\_) \_\_\_\_\_ WORK(\_\_\_\_\_) \_\_\_\_\_ CELL# (\_\_\_\_\_) \_\_\_\_\_  
BANK ACCOUNTS: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_  
CREDIT CARDS: (NAME) \_\_\_\_\_ NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
FROM: Month \_\_\_/Year \_\_\_ To: Month \_\_\_/Year \_\_\_ Current Rent/Mortgage: \_\_\_\_\_  
CURRENT LANDLORD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
LANDLORD'S TELEPHONE # : (\_\_\_\_\_) \_\_\_\_\_ CURRENT RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
FROM: Month \_\_\_/Year \_\_\_ To: Month \_\_\_/Year \_\_\_ Previous Rent/Mortgage: \_\_\_\_\_  
PREVIOUS LANDLORD'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
LANDLORD'S TELEPHONE # : (\_\_\_\_\_) \_\_\_\_\_ PREVIOUS RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ # OF HOURS WORKED PER WEEK: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
PREVIOUS EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ # OF HOURS WORKED PER WEEK: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

TOTAL # OF OCCUPANTS \_\_\_\_\_ All occupants of the apartment must be disclosed. Please provide all names and ages.  
1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_ 3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_ 5. \_\_\_\_\_ Age: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE #:(\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_  
IN CASE OF AN EMERGENCY PLEASE NOTIFY: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR COMPANY? \_\_\_\_\_  
ANY PETS? IF SO, WHAT? \_\_\_\_\_ (no dogs allowed)

- 1) Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting a conviction)?  
 No  Yes, please explain \_\_\_\_\_
- 2) Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)?  
 No  Yes, please explain \_\_\_\_\_
- Have you ever: Filed for Bankruptcy?  No  Yes If yes, when? \_\_\_\_\_  
Been evicted from tenancy?  No  Yes If yes, when? \_\_\_\_\_  
Applied for an apartment here before?  No  Yes If yes, when? \_\_\_\_\_

By signing this application, you declare that all of your responses are true and complete and authorize  
Park Ridge Commons L.L.C. to verify this information.

I hereby apply for a 1 year lease on the apartment listed below and understand that the deposit I have  
made to reserve the apartment will not be refunded for any reason other than rejection by owner.  
If accepted, I agree to sign my lease and pay the security deposit within 72 hours.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF ANY INFORMATION SUPPLIED ON THIS APPLICATION IS DETERMINED TO BE INACCURATE OR UNTRUE  
YOUR APPLICATION WILL BE REJECTED OR YOUR LEASE WILL SUBJECT TO TERMINATION

### FOR OFFICE USE ONLY

AGENT _____				COMMENTS: _____
APARTMENT _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
RENT \$ _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
PRORATION _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
POSSESSION _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____