WHITE OAK PROPERTY DEVELOPMENT RENTAL APPLICATION

Location Preference (please check all that apply)

☐ *White Oak I*
(Dearborn St.)

☐ *White Oak II*
(Broad St.*)

☐ *White Oak III*
(King St., School St.*)

*Building has stairs to access units.

Date: _____

PERSONAL INFORMATION
All Occupants (adults & children must be listed even if only residing part-time with resident)

APPLICANT (Full Name): _____ PHONE: _____

CURRENT ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

CO-APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

OTHER OCCUPANTS/RELATION/BIRTHDATE/SOCIAL SECURITY #

1._____/ _____/ _____/ _____

2._____/ _____/ _____/ _____

3._____/ _____/ _____/ _____

RENTAL HISTORY
Must have complete address including City, State, and Zip Code

CURRENT ADDRESS: _____

HOW LONG AT CURRENT ADDRESS: _____ CURRENT RENT: _____

LANDLORD NAME: _____ PHONE:_____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

PREVIOUS LANDLORD NAME: _____ PHONE: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ OCCUPATION: _____ SALARY: _____

CO-APPLICANT EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ OCCUPATION: _____ SALARY: _____

BANK REFERENCE: _____ ACCOUNT #: _____

BANK REFERENCE: _____ ACCOUNT #: _____

CREDIT REFERENCES: _____ PHONE: _____

PHONE: _____

PERSONAL REFERENCES: _____ PHONE: _____

PHONE: _____

NAME OF RELATIVE NOT LIVING WITH YOU: _____

RELATIONSHIP: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

The disclosure law requires signature before credit report can be run. Allow 2-3 working days for in town reports, 5-6 days for out of town reports.

WHITE OAK PROPERTY DEVELOPMENT
P.O. Box 591
Hillsboro, IL 62049
217-532-3672
FAX: 217-532-3625

NO SMOKING POLICY

Effective June 1, 2017, smoking or tobacco use will be prohibited in all property owned by Montgomery County Housing Authority. The Smoke Free Policy is intended to improve the quality of air and then safety of residents, guests, and employees.

No Pets Allowed

DO NOT WRITE IN THIS SPACE – FOR MONTGOMERY COUNTY HOUSING AUTH. ONLY:

I have reviewed this application in its entirety with the above Applicant/Co-Applicant and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Applicant/Co-Applicant and myself.

Signature of MCHA Representative: _____

Date: _____ Time: _____