"\$40.00 NON REFUNDABLE APPLICATION/ KEY DEPOSIT REQUIRED" Copy of ID Yes_ No_

Illinois Realty Group, LLC.

PO BOX 23259

TOTAL ASSETS

PH: 618.398.8794

BELLEVILLE, IL	52223		·	FX: 618.398.8795	
		APPLICANT'S INFORMATION	•		
APPLICANT				D.O.B	
DRIVER'S LICENS	E NO	STATE	SS#		
COAPPLICANT/SPOUSE		D.O	.В	MARRIED/YRS	
		STATE			
PHONE#	PAGER#	MESSAGE#	CELL#		
#CHILDREN	AGES & SEX		PETS		
PRESENT ADDRES	S	ZIP CODE	# ROOMS	HOW LONG?	
REASON FOR MOV	/ING	DATE & AMT. LAS	ST PD	PD TO	
LENDER, LANDLO	RD'S NAME				
ADDRESS	ADDRESS				
		LANDLORD			
		APPLICANT'S EMPLOYMENT	•		
IMMEDIATE SUPE HOW LONG?	RVISOR & PHONE NO JOB TITLI	E & SALARYRY			
REASON FOR LEA	VING	OTHER INC	ОМЕ	AMT	
	(COAPPLICANT'S EMPLOYMENT			
IMMEDIATE SUPE	RESSRVISOR & PHONE NO				
		RY			
		OTHER INCOME			
REASON FOR LEA	· · · · · · · · · · · · · · · · · · ·	ASSETS		AWII	
	VALUE	ASSETS			
CASH ON HAND	\$				
CASH IN BANK	\$NAN	ME & ADDRESS			
OTHER CASH	\$NAI	ME & ADDRESS			
AUTOMOBILE	\$YEA	R, MAKE, & COLOR	*** ***		
REAL ESTATE	\$ADD	RESS		_	
OTHER	\$TYP	E OF ASSET			

			ILITIES		
	LIST ALL AMOUNT PURPOSE		PANIES, ADDRESS G. AMT. / BALA		NO.'S . PYMT.
:	1 CRI OSE	, bill , on	G. 711177 7 27.12.	11,02	
	/AUTO	_//		/	
	/R.E.	<u></u>	/		
	/	/ <u> </u>	/	/	· ·
		//	/	/	
HAVE YOU EVER BR	OKEN A LEASE OR	BEEN EVICTED FI	ROM ANY TYPE O	F HOUSING?_	
If yes, please explain					
NAME, RELATIONS	IIP, ADDRESS, AND	PHONE OF NEARE	ST RELATIVE NO	T LIVING WIT	TH YOU
-		CHARACTEI	R REFERENCES		· · · · · · · · · · · · · · · · · · ·
	,	LIST 3 FAMILY ME		NDS)	
NAME & RELATIONS	SHIP	ADDRE	ESS		PHONE NO.
<u></u> .					
	<u></u>				
					
					TOTAL TOTAL
					
	W. 2				
<u> </u>			· · · · · · · · · · · · · · · · · · ·		
THIS STATEMENT IS MA	DE BY THE UNDERSIG	NED FOR THE PURPO	SE OF BEING A TEN	ANT OR PURCHA	SER. THE UNDERSIGNED HEREBY
HEREIN ARE IN ALL RES	SPECTS TRUE, CORREC	T AND COMPLETE. II	LINOIS REALTY GRO	OUP, LLC. AND/OF	N AND DESCRIPTIONS CONTAINEI R THEIR AGENTS MAY VERIFY THI
EVEN CHECK CREDIT. AI	LL DEPOSITS ARE SUBJI	ECT TO THE OWNER'S	ACCEPTANCE. RECE	IPT MUST BE RE	MED IN THIS STATEMENT AND MAY FURNED TO OUR OFFICE FOR FULI
REFUND. IF RECEIPT IS	NOT RETURNED, REFUN	D WILL BE SUBJECT TO	O SERVICE CHARGE.	\$40.00	
•					
SICNED		DATE	SIGNED		DATE
SIGNED		DAIL	SIGNED		WIE
ADDRESS OF PROPER	TY INTERESTED IN				
DESIGNATION OF TROTH		· · · · · · · · · · · · · · · · · · ·			

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED ALL QUESTIONS MUST BE ANSWERED