



Application must be returned with \$10.00 for a credit check or it will not be considered.

RENTAL HOUSING APPLICATION

John Zink Real Estate

P.O. Box 250, Louisville, Illinois 62858

Phone: (618) 665 4081 Fax: (618) 665 4084

PRELIMINARY INFORMATION PERTAINING TO APPLICANT(S)

Date of Birth

Applicant's Name: _____ S.S. # _____

Other last names held: _____

Co-Applicant's Name: _____ S.S. # _____

Other last names held: _____

Others Living in the Unit:

Name: _____ S.S. # _____

Name: _____ S.S. # _____

Name: _____ S.S. # _____

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

Telephone Number: _____

Source(s) of Income: _____

Are you a U.S. Citizen? _____

Signed: _____
(Owner or Agent)

(Applicant)

(Date Received)

(Co-Applicant)

RENTAL APPLICATION

Time lived at present address _____ Rent amt. _____

Reason for wanting to leave _____

Landlord Name _____ Phone _____

Street Address _____

City _____ State _____ Zipcode _____

Previous Address: Street _____ City _____ State _____ Zip _____

Dates of Tenancy: From _____ To _____

Reason for Leaving _____

Landlord Name _____

Address _____

Current Employer _____

How Long _____ Employed as _____

Supervisor _____ Phone _____

Address _____ Zip _____

Salary \$ _____ per hour _____ # of hours per week _____

PETS (number & kind): _____

CREDIT REFERENCES: (no personal or individuals)

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever: Filed for bankruptcy? () yes () no
Been evicted from tenancy? () yes () no
Intentionally refused to pay rent when due? () yes () no
Had any arrests or convictions? () yes () no
If yes, please list _____

REAL ESTATE -

Brokerage - Rentals - Investments

INSURANCE -

*Life - Health - Auto - Casualty
Fire - Hail*

JOHN ZINK REAL ESTATE

150 S. Rt. 45 -- P.O. Box 250
Phone: Bus. (618) 665-4081 FAX (618) 665-4084
LOUISVILLE, ILLINOIS 62858



AUTHORIZATION
FOR
RELEASE OF INFORMATION

I, _____ and _____ do hereby authorize any agencies, offices, groups, organizations, or business firms to release to Zink Apartments, any information or materials which are deemed necessary to complete my application for participation and/or to maintain my continued eligibility in the low income housing programs. These organizations are to include, but are not limited to: Financial institutions, child support payers, employment security division, past or present employers, social security administration, U.S. Government income tax division, welfare departments, veteran's administration, chancery clerks, utility companies, workmen's compensation payers, hospitals, public and private retirement systems, law enforcement agencies, attorneys, credit bureau agencies and previous landlords.

This authorization shall continue from the date of signature and until such time John Zink Real Estate is notified in writing that the authorization is cancelled.

Signed: _____ Signed: _____

My SS# _____ My SS# _____

Date _____ Date _____

Your application will not be processed unless this form is signed
