V&G LLC

4 Silver Oaks Lane, Edwardsville, IL 62025
General (618) 656-6600 Rent App. (618) 830-2613 Fax (314) 576-5456
www.vgpart.com

☐ Silver Oaks I ☐ Silver Oaks II ☐ Devonshire ☐ Lewis & Clark

Application For Lease

Name:_____ Marital Status:_____
First Middle Initial Last

Birthday:_____Driver's License #:_____

Social Security #:_____Phone #:_____

Name (Spouse/Parent):_____ Social Security # (Spouse/Parent):_____
Birthday (Spouse/Parent):_____ Phone# _____

Previous Tenancy Information:

Present Address:_____
Street City & State Zip

Landlord's Name:_____Phone #:_____Rent: $_____

Length of Tenancy:_____Reason for Moving:_____

Previous Address:_____
Street City & State Zip

Previous Landlord:_____Phone #:_____

Employment Information:

Present Employer:_____Address:_____

Phone #:_____Position:_____Salary: $_____

Years of Employment:_____

Second Employer:_____Address:_____

Phone #:_____Position:_____Salary: $_____

Years of Employment:_____

Spouse's Employment:_____Address:_____

Phone #:_____Position:_____Salary: $_____

Years of Employment:_____

Credit Information:

Checking:_____
Name of Bank Address Phone # Account #

Savings:_____
Name of Bank Address Phone # Account #

Other:_____
Name of Bank Address Phone # Account #

Monthly Payments Other Than Utilities:

To:	Address:	Amount:	Account #:

Character Reference:

Name	Address	Phone

Occupancy Information (Proposed Occupants):

Name	Age	Name	Age

Have you or any of the proposed occupants above ever been convicted of a criminal offense other than a traffic violation (circle): yes / no

If yes, explain details_____

_____

_____

The applicant represents that the statements made on pages one and two of this application are true and hereby authorizes the verification of credit and references, and agrees to furnish additional credit references upon request. Any misinformation of facts on this application shall constitute the breaking of any written and/or oral agreements between the applicant and the management of V&G LLC.

This application must be signed by all adults who will occupy the apartment before it will be considered by the landlord. Acceptance of this application for review and/or any moneys deposited are not binding until this application is verified and approved by the management.

Applicant's Signature(s):

Name	Date

***** Office Use Only *****

☐ Approved

Complex:_____

Address:_____

Term of Lease:_____

Signature: :_____ _____
Name Date

☐ Denied

Reason for Denial:_____

_____

_____

Signature:_____ _____
Name Date