

Smith & Royer Apartments

900 Wigwam Hollow Road Macomb, IL 61455 Phone:(309)836-5104/Fax:(309)836-5106 Web: smithandroyer.com Email: royer@macomb.com

RENTAL APPLICATION

I understand there is a non-refundable \$35 applicatiion fee per adult due upon completing application.

Date of Application:

Applicant First Name: Last Name: Middle Name: Social Security #: Date of Birth: Phone Number: Email Address: Driver's License #: State: Permanent Address: Apt: State: Zip: City: Current Address: Apt: State: Zip: City:

Emergency Contact Information					
First Name:	Last Name:	Last Name:			
Relationship:					
Address:		Apt:			
City:	State:	Zip:			
Phone Number:					

References			
(1) First Name:	Last Name:		
Relationship:	Phone Number:		
(2) First Name:	Last Name:		
Relationship:	Phone Number:		

Vehicles		
Make:	Model:	Color:
Year:	License Plate:	

Agreement and Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on the application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I am rejected for the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature:___

Date:_____