



BMI Management | OFFICE: 217.390.9900 | FAX: 312.275.7411

Champaign Office: 206 N. Randolph St., Suite 414 | Champaign, IL 61820

Billing/Mailing Address: 7161 N. Cicero Ave., Suite 203 | Lincolnwood, IL 60712

Email: info@BMicity.com | WEBSITE: <http://www.bmicity.com/chicago>

BMI Management Rental Application

The below person (Applicant) is applying for tenancy at BMI Management (LESSOR), or is co-signing or otherwise guaranteeing the performance of another applicant for tenancy with LESSOR. Applicant therefore authorizes LESSOR, and all agents and assigns of LESSOR to perform all credit and background checks that are necessary to perform application evaluations, including the running of credit reports, criminal background searches, and other necessary items. The applicant represents and warrants that all information provided in this application is true and correct, and that any untrue or incomplete information shall be satisfactory grounds for denial of applicant's tenancy request if discovered prior to the Lease Commencement date, or immediate termination of the Lease Agreement if discovered subsequent to the Lease Commencement date. The applicant also specifically allows LESSOR, and all of its agents and assigns, the right to contact any and all persons, whether listed on this application or not listed on this application, for both application evaluations and for collection purposes. The applicant agrees to pay a **non-refundable \$30.00 application fee** to the LESSOR prior to the processing of this application.

Leasing Agent's Name:	Property Address:	How Did You Find Us?
-----------------------	-------------------	----------------------

Applicant Information

Name:		
Date of birth:	SSN:	Cell Phone:
Current address:		
City:	State/Zip Code:	Email:
Owned / Rented (circle) Rent/Payment = \$	Name of Landlord:	Landlord Phone:
Previous address:		
City:	State:	ZIP Code:
Owned / Rented (circle) Rent/Payment = \$	Name of Landlord:	Landlord Phone:

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Supervisor:
City:	State:	ZIP Code:
Position:	Hourly Salary (Circle)	Monthly Income:
Prev. Employer:	Supervisor:	Phone#:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Misc. Info

Vehicle Information:		
Make/Model:	Year/Color:	License Plate#:
Bank Name:	Bank Account #:	Bank Phone:
Credit Card Reference:	Account #:	Credit Phone:
Name & Address of Parents:		
City/State/Zip Code:	Phone:	

I authorize the verification of the information provided on this form as to my credit, background, and employment. I have received a copy of this application. In order to secure an apartment, please complete one application above per LESSEE on the lease, a signed lease, also attach a copy of your driver's license or form of ID along with a check for one month of rental security deposit plus last month's rent. Please allow two full business days to process this application.

Signature of applicant:	Date:
-------------------------	-------