



THE  
**VILLAS**  
Senior Care Community

## *Rental Applications*

*Federal and State Law Prohibits discrimination in housing because of race, religion, sex or age. The Villas Senior Care Community Management complies fully with such laws.*

- 1. Names of Applicants and Persons Applying to Reside with Them:  
(Persons whose names do not appear on this Application may not reside on the premises).*

*Mr./Mrs./Ms.* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*Spouse:* \_\_\_\_\_

*Social Security #:* \_\_\_\_\_

*E-Mail:* \_\_\_\_\_

- 2. Nearest Relative:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*E-Mail Address:* \_\_\_\_\_



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3. *Current Address of Applicants:* \_\_\_\_\_  
\_\_\_\_\_

*How Long at Current Address:* \_\_\_\_\_ Years

4. *Previous Address prior to Current Address:* \_\_\_\_\_  
\_\_\_\_\_

*How Long at Previous Address:* \_\_\_\_\_ Years

5. *Do you Own, Rent or Lease an Automobile:* Yes \_\_\_\_\_ No \_\_\_\_\_

*How Many:* \_\_\_\_\_

*Year:* \_\_\_\_\_

*Make:* \_\_\_\_\_

*Illinois Registration:* \_\_\_\_\_

*Licensed Number:* \_\_\_\_\_

6. *Where Family Provider(s) Employed (Give Address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*How Long Employed:* \_\_\_\_\_ Years

*Capacity:* \_\_\_\_\_

7. *Where Family Provider(s) Employed (Give Address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*How Long Employed:* \_\_\_\_\_ Years

*Capacity:* \_\_\_\_\_



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8. *Source of Financial Support if other than Employment:*

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9. *Monthly Family Income Bracket:*

- \$ 0 - \$500
- \$ 500 - \$1,000
- \$ 1,000 - \$ 1,500
- \$ 1,500 - \$ 2,000
- \$ 2,000 - \$ 2500
- Other: Please Specify*

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10. *References:*

Past Landlords                      Address                      Phone Number

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11. *Person who may be notified in case of emergency:*

Name                                      Address                                      Phone Number

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*12. Comments:*

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*I hereby certify that the above information is true to the best of my knowledge and belief.*

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*(Signature of Applicants :)*

*Date of this Application \_\_\_\_/\_\_\_\_/\_\_\_\_*