

Location applying for \_

Coachlight Apts. Kansas Apts. Meadowbrook Apts. Moro Apts. Moro Apts. II

Carrollton Apts.

#### **Application**

VGM APARTMENT MANAGEMENT 601 Kansas St, Apt #1 Bethalto, IL 62010-1763 Phone/fax (618) 377-4663

Email: <a href="mailto:vgmmanagement@yahoo.com">vgmmanagement@yahoo.com</a>
Website: <a href="mailto:vgmmanagement.com">vgmmanagement@yahoo.com</a>

Today's Date	erson over18 must submit o	a separate Application.	
Applicant Name			Rirth Date
Soc. Sec. #Dı			
Address			
How long? Monthly Rent:			
Cell phone Landline			
Emergency #			
Employer's Name,		phone #	
Address:			
Start Date:			(Proof of income is required)
Relationship of every person to live with you (ever	n temporary): (spouse, si	gnificant other, dependent,	friend, sibling, caretaker)
Name,Soc	cial Security #	Date of Birth	Relationship
Name,Soc	cial Security #	Date of Birth:	Relationship
Name,Soc	cial Security #	Date of Birth	Relationship
Demond Defendan			DL
Personal Reference:			
Relationship:		_	
Personal Reference:			
Relationship:			
Vehicle /make & model /plate # Have you been convicted of a violation of a Local,			
Have you ever received a "Demand to Pay Rent or	· ·		
Do you need special accommodations or modificat			
	_	•	
The information solicited on this application is req USDA Rural Development, that Federal Laws prol religion, sex, marital status, age, and handicap are so. This information will not be used in evaluating Furnish it; the owner (or managing agent) is requir observation or surname.	hibiting discrimination agai complied with. You are no g your application or to disc	nst tenant applicants on the trequired to furnish this in riminate against you in any	e basis of race, color, national origin, formation, but are encouraged to do way. However, if you choose not to
	HEAD OF HOUSE		
Race	(Check as approp Ethnicity	riate) Marital Status	Sex
American Indian / Alaskan Native	Hispanic or Latir	noMarried	Male
Asian Black or African American	Not Hispanic or	LatinoSeparate Unmarr	
Native Hawaiian or Other Pacific IslandoWhite	er	Onlian	





#### VGM APARTMENT MANAGEMENT

601 Kansas St, Apt #1
Bethalto, IL 62010-1763
Phone/fax (618) 377-4663
Email: vgmmanagement@yahoo.com

Website: vgmmanagement.com

#### Applicant Screening Verification

Date:			
Applicant Name			Birth Date:
Driver license #			
Current Address			
		Landlord Phone #	
Are you related to landlord?	Yes	NO if yes in what way	
Applicants Prior Address			
Landlord Name,		Landlord Phone #	fax#
Are you related to landlord?	Yes	NO if yes in what way?	
I authorize and request my	y past and pi	resent employers, landlords and refer	rences to release any information
necessary to VGM Manag	ement and/	or their agents regarding verification	of my application statements as
they relate to my qualifica	tion for tena	ancy. I authorize VGM Managemen	t and/or their agents to obtain a
current credit report and	release of c	riminal history and police contact r	eport. A photocopy of this
application showing my si	gnature sha	ll be as valid as the original. This Ap	oplication once submitted will
become the property of Vo	GM Manage	ement.	
SIGNED:			
SIGNED: (Applicant / I	Date)		Agent / Date Received)



#### VGM Management 601 Kansas Street Apt 1 Bethalto, IL 62010 618-377-4663

# AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY AND POLICE CONTACTS

l,			
Last	First	Middle	Driver License #
Sex	Race	Date of	Birth
Currently residir	ng at,		,
Do herby grant a	authority to, Nancy Str	ohbeck/VGM Mana	agement, to obtain
My complete cri	iminal history, including	any and all police	contacts, reports, records,
Arrests, and/or o	convictions, Further, th	is release shall act	as authorization for any
Criminal justice	agency or agency there	of to release my c	riminal history, including
Contacts, report	ts, records, arrests, and	or convictions to	the above named landlord
and his/her ager	nts.		
 Date		Tenant/Applicant	

### **Copy of Driver License and Social Security Card Required**

(Prepare for each tenant 17 years of age and older)

## **Employment Verification MUST BE SIGNED BY EMPLOYER**

EMPLOYER:		
ADDRESS:		
	FAX#	
Dear Employer:	**************************************	
Applicant's Signature	Position/Title	
************	**************************************	*******
Is the above named individual presently	employed?	
Length of employment:	years	months
Wages per hour: \$	# of hours worked per week:	
If salary, present monthly salary: \$	Is the position permanen	t?
If temporary, how long?		
Authorized Signature	Title	
Date		
**********	************	*******
Thank you for your cooperation in supossible to (618) 377-4663.	applying this information. Please fill out a	nd return by fax as soon
Sincerely,		
VGM Management 601 Kansas Street Apt 1 Rethalto, IL, 620101		

601 Kansas Street Apt 1
Bethalto, IL. 620101
Email VGMMANAGEMENT@YAHOO.COM
Nancy Strohbeck
Apartment Manager