

**BOGS MANAGEMENT, INC.**  
**18330 Torrence Avenue · Lansing, IL 60438**  
**(708) 895-1411**

**(ONLINE) RENTAL APPLICATION**

**APPLICANT**

NAME \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

SINGLE       MARRIED       DIVORCED       M      HOME PHONE# \_\_\_\_\_

SPOUSE \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

LAST      FIRST      MI

**RESIDENT HISTORY**

APPLICANT PRESENT ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ MO. RENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ DAY TIME PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

APPLICANT PREVIOUS ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ MO. RENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ DAY TIME PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

SPOUSE, IF DIFFERENT ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ MO. RENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ DAY TIME PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

**EMPLOYMENT**

APPLICANT

PRESENT EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PH# ( \_\_\_\_\_ )

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ MO. INCOME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

APPLICANT

PRESENT EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PH# ( \_\_\_\_\_ )

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ MO. INCOME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

SPOUSE EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PH# ( \_\_\_\_\_ )

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ MO. INCOME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

IF SELF EMPLOYED, ARE YOU A:  CORPORATION     PROPRIETORSHIP     PARTNERSHIP     OTHER

TYPE OF BUSINESS \_\_\_\_\_ YRS. IN BUSINESS \_\_\_\_\_ BUSINESS LICENSE # \_\_\_\_\_

COUNTY & STATE \_\_\_\_\_ CPA OR ACCOUNTANT'S NAME & PH # \_\_\_\_\_

**OTHER INCOME**

ADDITIONAL INCOME SUCH AS CHILD SUPPORT, ALIMONY, OR SEPARATE MAINTENANCE NEED NOT BE DISCLOSED UNLESS SUCH ADDITIONAL INCOME IS TO BE INCLUDED FOR QUALIFICATION HEREON.

SOURCE \_\_\_\_\_ AMT. \_\_\_\_\_ PER \_\_\_\_\_ APPLICANT \_\_\_\_\_