



# RENTAL APPLICATION

Mail to: 2775 Stowmarket Ave, Rockford, IL 61108  
 Phone: (815) 964-5112 Fax: (815) 398-6513  
 A William Charles Property

Please **PRINT** legibly

I am inquiring about rental housing at The William Brown Lofts, If I am eligible, and if a unit is available.

Bedroom/Size needed: \_\_\_\_\_ Move-in Date \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Paid: Y/N \_\_\_\_\_

**Applicant/Occupant**

**Co-Applicant, Spouse, Co-Occupant and/or Guarantor**

Name	Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Social Security # — —	Social Security # — —
How long at this address?	How long at this address?
Why leaving?	Why leaving?
Do you _____ Own _____ Live with Parents _____ Rent	Do you _____ Own _____ Live with Parents _____ Rent
If renting: Landlord	If renting: Landlord
Phone	Phone
Previous address if at current address less than 5 yrs:	Previous address if at current address less than 5 yrs:
Address	Address
City State Zip	City State Zip
Landlord	Landlord
Phone	Phone
Employer	Employer
Address	Address
City State Zip	City State
Phone How long there?	Phone How long there?
Type of work	Type of work
Supervisor	Supervisor
Gross monthly income \$	Gross monthly income \$
Total constant monthly payments (excluding rent) \$	Total constant monthly payments (excluding rent) \$
Current monthly rent or mortgage payment \$	Current monthly rent or mortgage payment \$
Previous employer (if less than 2 yrs.)	Previous employer (if less than 2 yrs.)
Phone Supervisor	Phone Supervisor
Driver's License # State	Driver's License # State
Date of Birth State	Date of Birth State
Auto #1 Model/Year	Auto #1 Model/Year
License Plate # State	License Plate # State

