Cornerstone Property Services, Inc.

560 Darlington Lane Crystal Lake, IL 60014 Office: 815-455-0540

Future Resident(s):
Future Address:
Requested Move In Date:
Please remember applications need to be completely filled out and signed by the applicant. The
application must be submitted with a copy of driver's license, and 2 current paystubs, or other proof
of employment. The applicant's gross income must equal three times the monthly rent in order to
qualify. In addition, rental deposits and application fees will only be accepted in the form of a money
order or cashier's check. Application fees are non-refundable. Deposits are refundable upon decline
only. Once an application is approved the deposit becomes non-refundable.
Listed below is a break-down of the balance due prior to move in. Any payments associated with the move in must be
n the form of a money order, and or cashier's check. Please make payments payable to:
Cornerstone Property Services, Inc.
Application Fee(s):
(non-refundable)
Security Deposit:
Pet Fee:
(non-refundable)
Garage Rent:
Pro-rated Rent:
Move-In Special:
Resident Signature:
Resident Signature

Cornerstone Property Services, Inc.

1. Applicant Data:						
Last Name	First Na	me	M.I.	Social Security Nu	umber Date of Birth	
Home Phone Number	Cellular Number	Work	Number	Driver's License Number and State Issued		
2. Residence History:						
Current Address Street	Apt.#	City	State	Zip Code	Monthly Rent/Mortgage	
Community Name/Landlord	or Mortgage Holder	Land	llord/Mortgage H	Iolder-Phone Numb	er Occupancy Dates	
Previous Address Street	Apt.#	City	State	Zip Code	Monthly Rent/Mortgage	
Community Name/Landlord	or Mortgage Holder	Le	andlord/Mortgage	e Holder-Phone Nur	mber Occupancy Dates	
3. Employment Informa	ation:					
Applicant Currently Employe	d by Address		Phon	ne Number l	Position Position	
Supervisor's Name L	ength of Employmen	Gross Mont	hly Income Othe	er Monthly Income	Source	
Previous Employer	Address		Phon	ne Number	Position	
Supervisor's Name L	ength of Employmen	Gross Mont	hly Income Othe	er Monthly Income	Source	
4. Student Information	:					
Which School do you attend	?	0	ther Income (Incl	uding Financial Aid	l, parents, etc.)	
5. How did you find out	t about our commi	unity?			Please Initial:	
6. What is your request NOTE: This date is tentative, pending app					Please Initial:	
For Office Use Only:						
Building/Apt. #:	Re	ent:		Credit Score:		
Date Applied:		eposit:		Credit Appro	oval Status:	
Is this a Co-Signer? Is this a Student w/ co-signe		easing Agent:				

7. List All Other Persons Occupants Name(s):		Who Will Be Occupying Apa Date of Birth:			Relationship:		Social Security Number:	
9. Automo	biles:							
Make/Mode	l Year	Color	Plate #	Make/Model	Year	Color	Plate	
10. Pets:								
Type	Name	Age	Color	Type	Name	Age	Colo	
				listed person(s) ma lling, adjoining are		notenter	the apartme	
		Herein Ever:(1		swers below are				
a. Bee b. Bee c. Hav d. Hav	n convicted of and n evicted from a re e you ever broken e you ever declare	l/or pled "guilty' ental dwelling, o a rental agreen ed bankruptcy?	r received a notic nent?	e to vacate?				
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EQUAL HOUSING OPPORTUNITY