

WILLIAMS ESTATE APARTMENTS  
101 Club Centre #2  
Edwardsville, Il. 62025  
618-659-9115

CREDIT APPLICATION

Tenant Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ State \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Present address \_\_\_\_\_  
How long residing \_\_\_\_\_  
Landlord or Mortgage holder \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
Monthly rent or payment \$ \_\_\_\_\_  
Employed by \_\_\_\_\_  
Position \_\_\_\_\_ Gross monthly salary \_\_\_\_\_

CO-SIGNER

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Driver's License's # \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_  
Present address \_\_\_\_\_  
\_\_\_\_\_ How long \_\_\_\_\_  
Landlord or Mortgage holder \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Monthly rent or payment \_\_\_\_\_  
Employed by \_\_\_\_\_  
Position \_\_\_\_\_ Gross monthly salary \_\_\_\_\_

Application Declarations and Authorization  
(To accompany the rental application)

**Accurate Information.** You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

**Authorization.** You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this "Declarations and Authorization")

_____ Applicant Name	_____ Applicant's Signature	_____ Date
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