



RENTAL APPLICATION SUBMISSION:

- All adults 18 and older must complete a *separate* rental application.
- Application fees must be attached to *each* application in order for it to be processed. Application fees are non-refundable.
- A *separate* check or money order must also be attached to each group of applications within a household (apartment) for the hold fee. Hold fees will be applied toward the first month of rent due at move-in. Hold fees are refundable if your application is denied, but they are non-refundable to cancellations after 72 hours.
- Current amounts of application and hold fees are listed on our website or you may call our office to obtain this information.
- Completed applications and fees should be made payable to and mailed or delivered to: Watersedge Apartments, 936 Waterview Way, Champaign, IL 61822.
- Application submission does not guarantee availability or approval, and all applications will be processed in the order they are received.
- For specific questions, please call our office at 217-398-2100 during normal business hours.

Thank you for applying at Watersedge Apartments!

One of our representatives will contact you shortly.

Have a wonderful day! 😊

WATERSEDGE APARTMENTS

936 Waterview Way ~ Champaign, IL 61822

Phone: (217) 398-2100 ~ Fax: (217) 398-2163

APPLICATION FOR RESIDENCY



APARTMENT NO.: _____
 MOVE-IN DATE: _____
 LEASE TERM: _____
 RENT:\$ _____ DEPOSIT:\$ _____

APPLICANT'S NAME: _____ SOCIAL SECURITY NO.: _____
 BIRTH DATE: _____ MARITAL STATUS (optional) _____ BUSINESS PHONE NO.: _____
 CURRENT ADDRESS: _____ HOME PHONE NO.: _____
 CITY: _____ STATE: _____ ZIP: _____ HOW LONG?: _____
 WHO DO YOU RENT FROM NOW?: _____ TELEPHONE NO.: _____
 LANDLORD'S ADDRESS: _____
 MONTHLY PAYMENT:\$ _____ REASON FOR LEAVING: _____

PRIOR ADDRESS: _____ HOW LONG?: _____
 WHO DID YOU RENT FROM?: _____ MONTHLY PAYMENT:\$ _____
 LANDLORD'S ADDRESS: _____ TELEPHONE NO.: _____
 REASON FOR LEAVING: _____

APPLICANT'S EMPLOYER: _____ HOW LONG?: _____
 EMPLOYER'S ADDRESS: _____ TELEPHONE NO.: _____
 POSITION: _____ MONTHLY INCOME:\$ _____ SUPERVISOR: _____
 SPOUSE'S NAME: _____ SPOUSE'S SOC. SEC. NO.: _____
 SPOUSE'S EMPLOYER/PHONE NO.: _____ MONTHLY INCOME:\$ _____
 ANY ADD'L INCOME (source & amount):\$ _____ SPOUSE'S BIRTH DATE: _____
 APPLICANT'S PREVIOUS EMPLOYER: _____ HOW LONG?: _____
 EMPLOYER'S ADDRESS: _____ TELEPHONE NO.: _____

CREDIT REFERENCES	ADDRESS (Branch)	ACCOUNT NUMBER	MONTHLY PAYMENT	CURRENT BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHECKING ACCOUNT _____ NAME OF BANK _____ BRANCH _____ ACCOUNT NO. _____

SAVINGS ACCOUNT _____ NAME OF BANK _____ BRANCH _____ ACCOUNT NO. _____

PLEASE LIST ALL PERSONS WHO WILL OCCUPY THIS APARTMENT WITH YOU:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ANY PETS YOU HAVE OR PLAN TO HAVE:

Type: _____
 Height: _____
 Weight: _____

I understand that dogs, cats, or any other pets are NOT allowed on the premises without prior written consent from management.

PLEASE LIST ALL VEHICLES (including motorcycles, boats, trailers, etc.):

Vehicle Make, Model and Year	License Plate Number and State	Color
_____	_____	_____
_____	_____	_____
_____	_____	_____

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DO YOU OWN A WATERBED?: _____ COMPANY INSURED THROUGH: _____
DO YOU OWN ANY MUSICAL INSTRUMENTS?: _____ PLEASE LIST: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

CURRENT ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ WORK/CELL PHONE: _____

NAME: _____ RELATIONSHIP: _____

CURRENT ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ WORK/CELL PHONE: _____

AUTHORIZATION:

I understand that this application is preliminary and involves no obligations of the owner or its agents to approve this application or to deliver occupancy of the proposed premises. I authorize owner or its agents to verify any and all information contained herein. I hereby certify that all information contained herein is true and correct. I understand that false information or misrepresentation by omission are automatic grounds for denial of this application or cancellation of any lease based upon same.

Furthermore, I hereby acknowledge that I have applied for a lease with Watersedge Apartments, that Watersedge has advised me that it may request a report from a credit/criminal reporting agency regarding my direct history, that I authorize Watersedge to obtain, and any such credit/criminal reporting agency provide, a report of my credit and criminal history, and that Watersedge explained to me that I have the right under the Fair Credit Reporting Act to obtain, for a reasonable fee, such credit report FROM THE CREDIT REPORTING AGENCY, along with a summary of my rights regarding this report.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

AGENT FOR LANDLORD

DATE