

TOWN HOUSE CONDOMINIUM ASSOCIATION

718 South Seventh Street Springfield, IL 62703
Phone: 217/544-7491 Fax: 217/544-7495

RESIDENT SCREENING INQUIRY FORM

(All information must be completed, failure to do so may result in denial)
(All residents over 18 must complete and sign their own application)

Please Print:

Applicant's Full Name _____ Unit # _____

Unit to be Owner Occupied _____ Leased _____

Phone # _____ DOB _____

Social Security # _____ Drivers Lic. # _____

Total number of adults living in unit _____ Children _____ (under age 18)

Current Address _____

City _____ State _____ Zip _____ How Long at this address: _____

Own ___ Rent ___ Landlord's Name/# _____

Previous Address (if current address less than 3 yrs.) _____

City _____ State _____ Zip _____ How Long at this address: _____

Own ___ Rent ___ Landlord's Name/# _____

Automobiles:

Auto #1 Year _____ Make _____ Model _____ Plate _____

Auto #2 Year _____ Make _____ Model _____ Plate _____

Auto #3 Year _____ Make _____ Model _____ Plate _____

Place of Employment _____ Position _____ Phone # _____

How Long at Job _____ Annual Salary/Income _____

Personal References:

Name _____ Yrs.Known _____ Phone # _____

Name _____ Yrs.Known _____ Phone # _____

Name _____ Yrs.Known _____ Phone # _____

CONSENT TO OBTAIN INFORMATION FOR RESIDENT SCREENING PURPOSES FOR TOWN HOUSE CONDOMINIUMS

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the release of all criminal history information reports, private merchants' dishonesty, drug offense and violence reports for the purpose of residency, to The Town House, through an outside company.

Signature _____ Date _____

Note: Please include a copy of Driver's License(s) for background/credit check.