

# CHATEAU ROYALE APARTMENTS

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*For Office Use:*

Location: \_\_\_\_\_

Date Wanted: \_\_\_\_\_

## RENTAL APPLICATION

**CHATEAU ROYALE IS A NO SMOKING FACILITY – SMOKING IS NOT ALLOWED IN APARTMENTS**

**Applicant Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

This unit will be occupied by \_\_\_\_\_ adults and \_\_\_\_\_ children Additional Occupant Name (adult): \_\_\_\_\_

### Current address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Own Rent (Please circle) Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

**If less than 3 years, previous landlord name:** \_\_\_\_\_ Phone: \_\_\_\_\_

### Previous Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Owned Rented (Please circle) Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

### Current employer:

Employer address: \_\_\_\_\_ How long? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly Salary (Please circle) Annual income: \_\_\_\_\_

Additional income: \_\_\_\_\_

### If less than 3 years, previous employer name:

Previous Employer Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly Salary (Please circle) Annual income: \_\_\_\_\_

### Vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

### Emergency Contact Name:

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of an ordinance, misdemeanor, or felony; sued for non-payment of rent; broken a lease; evicted; or repossession?  
(Please check one)

Yes  No If yes, please explain: \_\_\_\_\_

**Note:** I/We, the undersigned, declare the above-mentioned information is true and correct and hereby authorize Chateau Royale Apartments, to conduct an employment; credit check; criminal; and/or to verify our references/information. I/We, understand that this application is made subject to the approval of Property Owner/Manager, and may without designating cause be disapproved by them; it being agreed that any such disapproval shall not be considered a reflection upon the applicant. This application is to be made part of the lease entered into by the applicant and the landlord. At a later date, if any of the above mentioned information is found to be false or misleading any lease or rental agreement between the applicant and the landlord granted, by virtue of this application, will automatically get canceled and security deposit, if any, shall be forfeited.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_