



FRIENDLY TOWERS

920 W. Wilson Avenue, Chicago, Illinois 60640-5707
Telephone (773) 561-2450 ext. 1625 Cell (773) 447-7201
Fax (773) 989-4054 Email djames@jpusa.org

RENTAL APPLICATION

I. GENERAL INFORMATION:

Name _____ Marital Status _____

Current Home Address _____ Phone _____

Rent Amount: \$ _____ Period of Residency _____

Previous Address: _____

Rent Amount: \$ _____ Landlord's name & Ph. # _____

Male/Female _____ Date of Birth _____ Age _____

Father's Name: _____ Mother's Maiden Name: _____

Place of Birth _____ Employed/Retired (Circle One)

Smoker/Nonsmoker (Circle One) Alcohol Y / N Religion _____

Referred by: _____

Application Date: _____ Interview Date & Time: _____

II. INCOME AND INSURANCE INFORMATION (List below all monthly income from Pensions, Social Security, SSI, Veterans Benefits, Dividends, Public Aid, CHA, etc.):

Income Type: _____ **Amount:** _____ Public Aid Case # _____

_____ Public Aid Recipient # _____

_____ Social Security # _____

_____ Medicare # _____

HMO Information _____ VA Insurance # _____

III. PERSONAL REFERENCES

Current Landlord or leasing agent _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

IV. PRIMARY PHYSICIAN COMPLETING RESIDENT HEALTH HISTORY

Name _____ Phone _____

Hospital _____ Fax _____

Address _____

V. MEDICAL INFORMATION:

Have you been hospitalized within the past 12 months? [] Yes [] No

If "Yes," list hospital, reason, term and attending physician:

Hospital: Reason: Date: Physician:

Please list any chronic illnesses: _____

Current Medications: _____

Primary Medical Insurance: _____

Secondary Medical Insurance: _____

VI. FAMILY AND FRIENDS

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

INTERVIEW NOTES:

Room Shown _____ **Price \$** _____ **Actual Move In Date** ____/____/____