

Denmar Builders, Inc.
3330 Ginger Creek Dr, Suite A
Springfield, IL 62711
Ph: (217) 698-7200
Fax: (217) 698-7203
www.denmarapartments.com

TENANT APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Home Phone: _____

Social Security No: _____

Driver's License: _____

Date of Birth: _____

Employer: _____

Address: _____

Supervisor: _____

Work Phone: _____

Salary: _____

Position: _____

Landlord's Name: _____

Phone No: _____

Rent Amt: _____ May we call? _____

Length of Lease: _____

Reason for Moving: _____

Emergency Contact (name & phone): _____

Bank: _____

Personal Reference of Referral: _____

Children? _____ How many? _____

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Home Phone: _____

Social Security No: _____

Driver's License: _____

Date of Birth: _____

Employer: _____

Address: _____

Supervisor: _____

Work Phone: _____

Salary: _____

Position: _____

Landlord's Name: _____

Phone No: _____

Rent Amt: _____ May we call? _____

Length of Lease: _____

Reason for Moving: _____

Emergency Contact (name & phone): _____

Bank: _____

Personal Reference of Referral: _____

Children? _____ How many? _____

I HEREBY GIVE MY PERMISSION TO **DENMAR BUILDERS, INC.** TO DO A REFERENCE CHECK AND CREDIT REPORT ON THE ABOVE INFORMATION.

Signature _____ Date _____

Signature _____ Date _____

Apartment Address: _____

Length of Lease Term: _____ Move In Date: _____

By signing this application, it is understood that your deposit is **Non-Refundable** once the application is made and accepted for the above apartment. Deposit will only be refunded if applicant does not qualify.