

Kakenmaster & Associates  
333 Peterson Road  
Libertyville, IL 60048  
847-367-0888  
KARE@Kakenmaster.com

**Rental Application**

There is a \$35.00 non-refundable application fee. Please make check payable to KARE Management. This application is subject to acceptance by the owner and execution of a lease or rental agreement and is offered without respect to race, color, creed, sex, or national origin.

**Applicant**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver License #: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Relation to Co-Applciant: \_\_\_\_\_

**Current Residence of Applicant**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date: From \_\_\_\_\_ To \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Residence of Applicant**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date: From \_\_\_\_\_ To \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Applicant Employer**

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Other Income**

Have you filed bankruptcy? \_\_\_\_\_  
Have you ever been evicted? \_\_\_\_\_  
Do you have any pets? What type? \_\_\_\_\_

**Co-Applciant**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver License #: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Relation to Co-Applciant: \_\_\_\_\_

**Current Residence of Co-Applciant**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date: From \_\_\_\_\_ To \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Residence of Co-Applciant**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date: From \_\_\_\_\_ To \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Co-Applciant Employer**

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Other Income**

Have you filed bankruptcy? \_\_\_\_\_  
Have you ever been evicted? \_\_\_\_\_  
Do you have any pets? What type? \_\_\_\_\_

**Rental Property Occupants**

Full Name

Relationship with Applicant

Income and Source (if any)

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Name, relationship, phone number, and address of nearest relative not living with you:

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Emergency Contact (Name & Phone):

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**Personal References**

Name

Address

Phone Number

Relation to Applicant

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**Vehicle(s)**

Make

Model

Year

License Plate

Owned by

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Applicant Signature and Date: \_\_\_\_\_

Co-Applicant Signature and Date: \_\_\_\_\_