



Campus Property Management

303 East Green Street
Champaign, IL 61820

Phone (217) 328-3030

Fax (217) 328-1489

Email cpm@cpm-apts.com
www.cpm-apts.com

How did you find us? Newspaper ___ Radio ___ Internet ___ Through Friends ___ Building Signs ___ Other _____

Leasing Agent who showed you apt _____

Name (First, Middle, Last) _____ E-Mail Address _____

Present Phone() _____ Cell Phone() _____

Social Security Number _____ Birth Date _____ Drivers License # _____

Present Address(Street) _____

Present Address (City) _____ (State) _____ (Zip Code) _____

Current Rent \$ _____ Rental Dates From _____ to _____

Landlord(Name, Address) _____ Phone() _____

Previous Address(Street, City, State, Zip) _____

Parents' Names' _____ Phone() _____

Parents' Address(Street, City, State, Zip) _____

In Case of Emergency Call (Name) _____ Phone() _____

Year, Curriculum, School (Students) _____

Employer (Name, Address) _____

How Long Employed There? _____ Position _____ Salary _____

Supervisor (Name, Title) _____ Phone() _____

Former Employer (Name, Address) _____

How Long Employed There? _____ Position _____ Salary _____

Have you lived with CPM before? YES / NO --- If YES, what address/year _____

Person(s) to occupy apartment other than yourself :-----Mar ital Status _____

Name _____ Soc. Sec.# _____ Birth Date _____

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Name _____ Soc. Sec.# _____ Birth Date _____

PLEASE READ:

The Resident Application does not guarantee an apartment. The applicant hereby authorizes Owner/Owner's Agent to conduct a credit check which includes, but is not limited to obtaining a credit report and interviewing applicant's references and/or previous landlords. The applicant hereby consents to the credit check process and authorizes any individual listed in this application to speak with Owner/Owner's Agent regarding applicants present or previous credit performance. Applicant further releases any and all individuals who provide information to Owner/Owner's Agent. The applicant also authorizes release of information based upon reliance upon either photocopies or facsimiles of this authorization.

Signature _____

Date _____