

SANDRIDGE APARTMENTS  
5-158<sup>TH</sup> PLACE, APT. 3S  
CALUMET CITY, IL 60409  
(708) 841-5450

[www.sandridgeapartments.net](http://www.sandridgeapartments.net)

**Management Office Hours**

Monday – Friday: 9:00am to 5:00pm

**Call for Current Pricing & Availability**

Rent includes: Heat Gas, Cooking Gas and Water. Tenant is responsible for their electric.

\*\*\* Prices and promotions subject to change without notice \*\*\*

**Application Fee:** \$50.00 - *Non-Refundable (EVERY OCCUPANT over the age of 18)*

Payable only by Money Order. **No credit/debit cards,cash or personal checks accepted.**

**Security Deposit:** Payable only by **MONEY ORDER ONLY**

A non-refundable deposit will hold the apartment for up to 30 days with an approved application. This will be applied towards your security deposit and any rent balance will be due on the day you move in.

**Documentation Required:(REFUSAL TO TURN IN REQUIRED DOCUMENTS COULD RESULT IN AN AUTOMATIC DENIAL OF YOUR APPLICATION)**

1. Driver's License or State I.D.
2. Social Security Card
3. Full month recent pay stubs (Weekly = 4; Biweekly = 2)
4. A copy of your current W-2 form and/or Federal Tax Return
5. Self-Employed-Business tax returns (1040) and Profit & Loss of Business (i.e., Schedule C or Schedule K1), Business address
6. Letter from Social Security and/or Pension with benefit amount
7. Any other form of income (If using for income requirement)
8. Court ordered child support (If using for income requirement)
9. Copy of current lease
10. Copy of utility bill in your name (electric, gas, cable, cell phone, etc)
11. Most recent checking account statements (Entire one month statement, all pages)
12. Homeowner-Real Estate tax bill or mortgage payment stub; if sold-copy of closing
13. Bankruptcy discharge papers (Bankruptcies, including Chapter 13, must be discharged)
14. Completed application (attached). Please make sure application is filled out entirely or we cannot process.

THANK YOU FOR YOUR INTEREST IN SANDRIDGE APARTMENTS COMMUNITY.  
WE LOOK FORWARD TO WELCOMING YOU TO YOUR NEW HOME.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Maximum 2 People in a One Bedroom**  
**Maximum 4 People in a Two Bedroom**

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW



QUALIFYING PROSPECTIVE LEASEHOLDER (S) & RESIDENT (S) POLICY

- 1) All application fees are non-refundable.
- 2) Income: Gross monthly income of at least three times the monthly rent for the entire household; see Page 1.
- 3) The application process can take up to seven business days for a final decision to be given.
- 4) Bankruptcy: Must be discharged; including Chapter 13. Credit must have been re-established. No active bankruptcies accepted; including Chapter 13.
- 5) A security deposit is required to hold an apartment for up to thirty days. This amount is non-refundable if you choose not to move into Sandridge Apartments after we have held the apartment.
- 6) Applications and approvals are only good for 60 days.
- 7) Applications can be denied for one or more of the following reasons:
  - a) Recommended minimum credit score 620.
  - b) Application is not filled out entirely, including to from dates on employment and residence.
  - c) Addresses on credit report do not match application and documentation
  - d) Criminal Background Check
  - e) Late Payment History (no late payments in last 12 months)
  - f) Limited Credit History
  - g) Not enough length of time on the job
  - h) Federal Tax Lien
  - i) State Tax Lien
  - j) Bankruptcies; all bankruptcies, including Chapter 13, must be discharged
  - k) Credit not re-established after bankruptcy
  - l) Judgments
  - m) Collections
  - n) Debt to income ratio
  - o) Evictions or negative reporting from rentals
  - p) Outstanding utility bills
  - q) Excessive outstanding credit
  - r) Unable to verify minimum income requirement
  - s) Mortgage that you are responsible for
  - t) Fraudulent information on your application
  - u) Refusal to turn in all required documents listed

PLEASE BE SURE TO READ ALL OF THE ABOVE INFORMATION BEFORE APPLYING. YOUR APPLICATION FEE IS NON-REFUNDABLE FOR ANY REASON. ALL DOCUMENTS GIVEN FOR THE APPLICATION PROCESS BECOME THE PROPERTY OF SANDRIDGE APARTMENTS AND CANNOT BE RETURNED FOR ANY REASON.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# SANDRIDGE APARTMENTS APPLICATION FOR RESIDENCY

(PLEASE PRINT CLEARLY AND MAKE SURE YOU FILL OUT ENTIRELY)

	APPLICANT	CO-APPLICANT
FULL NAME		
SOCIAL SECURITY #		
DATE OF BIRTH		
STATE OF BIRTH		
SEX		
MARITAL STATUS		
GROSS ANNUAL INCOME		
OCCUPATION		
CAR (COLOR/MAKE/PLATE# & YR)		
DRIVER'S LICENSE NUMBER		
BEST NUMBER TO CONTACT		
EMAIL ADDRESS		

**LIST OTHERS TO RESIDE IN APARTMENT:**

FULL LEGAL NAME	SOC. SEC. #	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SEX	MARITAL STATUS	ANNUAL INCOME	OCCUPATION
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### **APPLICANT INFORMATION**

**PRESENT ADDRESS:** No Post Office Box can be used as a current address

STREET \_\_\_\_\_ APT. # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 RENT    OWN    MO. PAYMENT \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_

LANDLORD/LENDER/FAMILY \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS:**

STREET \_\_\_\_\_ APT. # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 RENT    OWN    MO. PAYMENT \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_

LANDLORD/LENDER/FAMILY \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 REASON FOR MOVING \_\_\_\_\_

**CURRENT EMPLOYER:**

NAME \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**PREVIOUS EMPLOYER:**

NAME \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**BANK ACCOUNT REFERENCES:**

BANK NAME:	TYPE OF ACCOUNT:

**OTHER INCOME:**

TYPE OF INCOME	SOURCE/BANK	GROSS ANNUAL AMOUNT

**2RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU) – 2 REQUIRED**

NAME	STREET	CITY	ZIP	STATE	RELATIONSHIP	PHONE #

HAVE YOU EVER FILED BANKRUPTCY, BEEN EVICTED OR REFUSED TO PAY RENT? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE LIST ANY CREDIT PROBLEMS THAT YOU WOULD LIKE TO INFORM US ABOUT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CO-APPLICANT INFORMATION**

**PRESENT ADDRESS:** No Post Office Box can be used as a current address

STREET \_\_\_\_\_ APT. # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RENT    OWN    MO. PAYMENT \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_

LANDLORD/LENDER/FAMILY \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS:**

STREET \_\_\_\_\_ APT. # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RENT    OWN    MO. PAYMENT \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_

LANDLORD/LENDER/FAMILY \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_

**CURRENT EMPLOYER:**

NAME \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**PREVIOUS EMPLOYER:**

NAME \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ TO-FROM DATES \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**BANK ACCOUNT REFERENCES:**

<b>BANK NAME:</b>	<b>TYPE OF ACCOUNT:</b>

**OTHER INCOME:**

<b>TYPE OF INCOME</b>	<b>SOURCE/BANK</b>	<b>GROSS ANNUAL AMOUNT</b>

**2RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU) – 2 REQUIRED**

NAME	STREET	CITY	ZIP	STATE	RELATIONSHIP	PHONE #

HAVE YOU EVER FILED BANKRUPTCY, BEEN EVICTED OR REFUSED TO PAY RENT? YES NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE LIST ANY CREDIT PROBLEMS THAT YOU WOULD LIKE TO INFORM US ABOUT: \_\_\_\_\_

**PLEASE READ ALL TERMS BELOW AND SIGN:**

IT IS UNDERSTOOD THAT THE PREMISES ARE TO BE USED AS A RESIDENCE TO BE OCCUPIED BY NOT MORE THAN \_\_\_\_\_ PERSON (S) AND THAT OCCUPANCY IS SUBJECT TO POSSESSION BEING DELIVERED BY PRESENT OCCUPANT (S). AN APPLICATION FEE IN THE SUM OF \$ \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ (DATE) HAS BEEN DEPOSITED WITH LANDLORD, WITH THE CLEAR UNDERSTANDING THAT THIS APPLICATION, INCLUDING EACH PROSPECTIVE OCCUPANT, IS SUBJECT TO APPROVAL AND ACCEPTANCE BY THE LANDLORD IN ITS SOLE DISCRETION. I HEREBY AUTHORIZE THE LANDLORD TO OBTAIN INFORMATION IT DEEMS DESIRABLE IN THE PROCESS OF MY APPLICATION, INCLUDING: CREDIT REPORTS, CIVIL OR CRIMINAL ACTIONS, RENTAL HISTORY, EMPLOYMENT /SALARY DETAILS, POLICE AND VEHICLE RECORDS, AND ANY OTHER RELEVANT INFORMATION; AND RELEASE LANDLORD, ITS EMPLOYEES AND AGENTS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING OR OBTAINING SUCH INFORMATION. UPON APPROVAL AND ACCEPTANCE, THE APPLICANT AGREES TO EXECUTE A LEASE BEFORE POSSESSION IS GIVEN AND TO PAY THE SECURITY DEPOSIT AND THE FIRST MONTH'S RENT WITHIN FIVE DAYS AFTER BEING NOTIFIED OF ACCEPTANCE (TIME BEING OF THE ESSENCE); FAILING WHICH THE APPLICATION FEE SHALL BE RETAINED BY LANDLORD. IN NO EVENT IS THE APPLICATION FEE REFUNDABLE TO THE APPLICANT, EXCEPT IN THE EVENT THAT THE LANDLORD FAILS TO DELIVER POSSESSION OF THE PREMISES AS MAY BE REQUIRED BY ANY LEASE EXECUTED BETWEEN THE PARTIES. THE APPLICANT HEREBY WAIVES ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE OF THIS APPLICATION WHICH THE LANDLORD OR THEIR AGENT MAY REJECT WITHOUT STATING REASONS FOR SO DOING. IT IS FURTHER AGREED THAT IF ANY INFORMATION HEREIN IS FALSE, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LANDLORD, BE TERMINATED AT ANY TIME.

THE APPLICANT/CO-APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS. THIS AUTHORIZATION SHALL BE ONGOING DURING THE TERM OF THE LEASE AND MAY BE USED, IF NEED BE, FOR COLLECTION PURPOSES AFTER THE TENANT MOVES OUT, SHOULD ADDITIONAL CREDIT INFORMATION BE NECESSARY. THE CIVIL RIGHTS ACT OF 1968, AS AMENDED BY THE FAIR HOUSING AMENDMENTS ACT OF 1988, PROHIBITS DISCRIMINATION IN THE RENTAL OF HOUSING BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THE LAW CONCERNING THE COMPANY: DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Applicant:

\_\_\_\_\_  
Signature Printed Name Date

Co-Applicant:

\_\_\_\_\_  
Signature Printed Name Date

**AUTHORIZATION TO RELEASE INFORMATION**

BY SIGNING THIS FORM, WE AUTHORIZE SANDRIDGE APARTMENTS MANAGEMENT TO CHECK RESIDENCY, BANK ACCOUNTS, MORTGAGE, RENTAL HISTORY, AND EMPLOYMENT INFORMATION, AS THEY REQUEST. THE APPLICANT/CO-APPLICANT REPRESENTS THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CREDIT RECORDS AND BACKGROUND CHECK. THIS AUTHORIZATION SHALL BE ONGOING DURING THE TERM OF THE LEASE AND MAY BE USED, IF NEED BE, FOR COLLECTION PURPOSES AFTER THE TENANT MOVES OUT, SHOULD ADDITIONAL CREDIT INFORMATION BE NECESSARY.

THANK YOU IN ADVANCE FOR YOUR COOPERATION.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
D.O.B

\_\_\_\_\_  
Co-Applicant Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
D.O.B.

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**CRIME FREE HOUSING LEASE ADDENDUM**

**As part of the consideration for lease of the dwelling unit identified in the lease, Resident(s) agree as follows:**

1. Resident and Resident's Occupants, whether on or off of the property, and Resident's and Resident's Occupant's guests and invitees, are prohibited from:
  - a. Engaging in any criminal activity, including drug-related criminal activity, on or off the said premises. Drug related criminal activity shall mean the illegal manufacture, sale, distribution, use, possession and possession with intent to manufacture, sell, distribute, or use an illegal or controlled substance (also as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).
  - b. Engaging in any act intended to facilitate criminal activity, or permitting the dwelling unit to be used for criminal activity.
  - c. Engaging in the unlawful manufacturing, selling, using, storing, keeping or giving of an illegal or controlled substance as defined in Illinois Compiled statutes, at any locations, whether on or near the dwelling unit premises.
  - d. Engaging in any illegal activity, including, but not limited to prostitution, criminal street gang activity, threatening or intimidating as prohibited in, assault as prohibited in, including but not limited to the unlawful discharge of a weapon, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety, and welfare of the landlord, his agent, or other tenant, or involving imminent or actual serious property damage.
2. VIOLATION OF ANY ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions of this addendum shall be deemed a serious, material and irreparable non-compliance. It is understood that a single violation shall be good cause immediate termination of the lease. Proof of such a violation shall not require a criminal conviction, but shall only require a preponderance of the evidence.
3. In case of conflict between the provisions of this addendum and any provisions of the lease, the provisions of this addendum shall govern.
4. Resident also agrees to be responsible for the actions of Resident's occupants, Resident's guests and invitees, and Resident's occupant's guests and invitees, regardless of whether Resident knew or should have known about any such actions. A guest or invitee shall be anyone who Resident or Resident's occupant gives access to or allows on the premises or in the rental unit.
5. This Lease Addendum is incorporated into the lease or renewal thereof, executed or renewed at any time between Landlord/Manager and Resident/Lessee.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_