



**HOME APPLIANCE RENT-TO-OWN-APPLICATION**  
**1292 W. STATION KANKAKEE, IL 60901**  
**PH (815) 933-8211 FAX (815) 933-8298**

FULL NAME			HOME/CELL #		TODAY'S DATE	
BIRTH DATE	SOCIAL SECURITY #		EMAIL ADDRESS			
AUTO-YEAR	MAKE	MODEL		COLOR		LICENSE PLATE #
ADDRESS		CITY/ STATE/ ZIP			HOW LONG	OWN/ RENT
CURRENT LANDLORD (IF APPLICABLE)				PHONE #		
PREVIOUS ADDRESS		CITY/ STATE/ ZIP			HOW LONG	
PREVIOUS LANDLORD				PHONE #		
EMPLOYER	JOB TITLE	PHONE #		EXT #	SUPERVISOR	
HOW LONG	FULL/PART TIME	MONTHLY INCOME	ADDITIONAL INCOME		SOURCE	
CO-APPLICANT NAME		RELATIONSHIP			SOCIAL SECURITY #	
EMPLOYER	JOB TITLE	PHONE #		EXT #	SUPERVISOR	
HOW LONG	FULL/PART TIME	MONTHLY INCOME	ADDITIONAL INCOME		SOURCE	
<b>REFERENCES (AT LEAST 2 RELATIVES)</b>						
NAME	ADDRESS	CITY/STATE	PHONE #		RELATIONSHIP	
FIRST HEARD ABOUT HOME APPLIANCE RENTALS FROM (CIRCLE ONE):						
FRIEND	NEWSPAPER	MAILING	BILLBOARD	OTHER		



**QUALIFICATIONS NEEDED TO RENT**

- ❖ MUST BE AT LEAST 21 YEARS OF AGE.
- ❖ MUST BE AT LEAST 6 MONTHS AT PRESENT ADDRESS IN KANKAKEE COUNTY.
- ❖ MUST BE AT LEAST 6 MONTHS AT PRESENT JOB. (UNEMPLOYMENT AND CHILD SUPPORT DO NOT QUALIFY AS VALID SOURCES OF INCOME)
- ❖ MUST HAVE TELEPHONE IN SERVICE AT YOUR ADDRESS.
- ❖ MUST HAVE VALID DRIVER'S LICENSE/STATE ID AND SOCIAL SECURITY CARD.
- ❖ MUST PUT DOWN 1<sup>ST</sup> MONTHS' PAYMENT BEFORE SIGNING THE CONTRACT.
- ❖ MUST PUT HALF DOWN IF RENTING-TO-OWN A MATTRESS.

**QUALIFICATIONS NEEDED TO CONTINUE RENTING**

- ❖ MUST PAY RENT IN ADVANCE AT ALL TIMES.
- ❖ MUST MAINTAIN EMPLOYMENT AT ALL TIMES.
- ❖ MUST MAINTAIN TELEPHONE SERVICE AT ALL TIMES.
- ❖ MUST KEEP MERCHANDISE AT ORIGINAL ADDRESS ON RENTAL CONTRACT.
- ❖ MUST NOTIFY HOME APPLIANCE IMMEDIATELY OF ANY CHANGES IN EMPLOYMENT, TELEPHONE NUMBER AND/OR RESIDENCE. (RENTAL MERCHANDISE CANNOT BE MOVED OUT OF KANKAKEE COUNTY UNDER ANY CIRCUMSTANCES!)

I CERTIFY THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE & CORRECT. I AUTHORIZE VERIFICATION OF THE TRUTHFULNESS OF ALL INFORMATION CONTAINED HEREIN; INCLUDING CONTACT WITH ANY PERSON OR FIRM LISTED, & FULL RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT. I AUTHORIZE HOME APPLIANCE TO VERIFY MY INFORMATION (I.E. EMPLOYMENT, RESIDENCE, & REFERENCES). ANY FALSE STATEMENT MADE SHALL BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I CERTIFY THAT I UNDERSTAND & MEET ALL OF THE QUALIFICATIONS.

SIGN FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CO-APPLICANT  
SIGN FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_