



Real-T-Properties and Associates, Inc.

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Tenant Information Form

Building Address:

Apartment:

1. Name:

Last: _____ First: _____

Phone Number 1: _____ Work Home Cell Other (Circle One)

Phone Number 2: _____ Work Home Cell Other (Circle One)

Phone Number 3: _____ Work Home Cell Other (Circle One)

E-Mail: _____

2. Name:

Last: _____ First: _____

Phone Number 1: _____ Work Home Cell Other (Circle One)

Phone Number 2: _____ Work Home Cell Other (Circle One)

Phone Number 3: _____ Work Home Cell Other (Circle One)

E-Mail: _____

3. Name:

Last: _____ First: _____

Phone Number 1: _____ Work Home Cell Other (Circle One)

Phone Number 2: _____ Work Home Cell Other (Circle One)

Phone Number 3: _____ Work Home Cell Other (Circle One)

E-Mail: _____

Children Names:

1. Last: _____ First: _____

2. Last: _____ First: _____

3. Last: _____ First: _____

Person to contact in case of emergency:

Name:

First: _____ Last: _____

Relation: _____

Phone Number 1: _____ Work Home Cell Other (Circle One)

Phone Number 2: _____ Work Home Cell Other (Circle One)