

2638 N. Halsted St., Chicago, IL 60614 - P: 773.404.9900 - F: 773.404.0669 **APPLICATION FOR LEASE AND CREDIT CHECK** IMPORTANT NOTICE TO APPLICANT - READ BEFORE FILLING OUT APPLICATION

Do not complete this application unless you are willing to deposit first month's rent now, sign a lease within 48 hours of approval, and at the time of the lease signing, pay full administrative fee or security deposit and pet fee. Possession of all units will be delivered on the condition of an "as is" move-in in accordance with the start date on the lease unless otherwise stated on this application in the section labeled "Please specify any requests for work to be completed" and approved by the landlord. Failure to comply with every one of the conditions in this application at the time of any subsequent renewal thereof automatically voids lease at landlord's option. A false or willfully omitted statement herein will be grounds for cancellation of your lease at the option of your landlord. Credit Application Fee is nonrefundable. Your first month's rent is not refundable unless your application is rejected by the landlord.

Agent's Name:	Address	S Applied For:		Unit	t:
New Lease Terms:		Parking Ne	eded? Y / N		
Monthly Rental: \$	Move in Date:	<mark> </mark>	lumber of adults of occ	cupy apartment:	
# Of Dog(s):	Weight of dog(s):	ight of dog(s): Breed of Dog(s): #		of Cat(s):	
Please specify any requests 1	or work to be completed. (If this space is I	eft empty, it will be considered an	as-is move in:		
Note: Based on the nature ar	nd costs the requested work entails, reque	sts may be rejected or subject to	an increase in rental price.		
Applicant Name:		_Applicant's	Phone #:		
	lress:				
# Of Years at Above	Address: Do you hav	e Roommates?	If so, How many?		
Present Rent: \$	Lease Expiration Dat	e: Reaso	n for Moving:		
"I hereby authorize	the release of the above info	rmation" Signature:			_
	n completed by:				
Employer:		Monthly Gro	ss Income: \$		
Address:	City:	Sta	te:Zip:		
Position at company:					
Other Income: Source:	Amount	\$ Received:			
Emergency Contact:	Relatio	n:	Phone #:		
	Evictions, Suits, Judgments, Ban	•	•		
"I nereby authorize	the release of the above info	ormation" Signature: _			
[For internal use only] E	Employment Verification comple	ted by:		_(The Apartment Source	!)
judgments or liens against me e consideration of the investigatio application fee is non-refunda (unless application is rejected), approval (unless otherwise stat	ad this entire application and that all of the ab except those previously disclosed in writing or in by said agent of above representation and able. If the applicant is accepted, the deposit but shall be retained as liquidated damages. ed by the landlord) and pay the administrative hall be on the condition of an as-is move-in. T insideration.	this Application. If any of the above references, the undersigned hereby will then be first month's rent. If the An additional charge is made for a cafee upon notification by owner. If no	information is false, I hereby agree deposits with said agent the sum of application is rejected, the deposit w redit investigation payable with appli othing is requested in the requests for	that my entire deposit may be for one month's rent to be disposed of will be returned to applicant. The di cication. Applicant shall sign the lead or work to be completed and agree	feited to you. In of as follows: The \$60 deposit is not refundable ase within 48 hours of ed upon in writing by the
Signed:			Date:		