



2638 N Halsted
Chicago, IL 60614

Phone: 773.404.9900
Fax: 773.404.0669

I, _____, hereby authorize The Apartment Source Management
to charge my credit card in the amount of \$_____ (total).

Admin Fee / Deposit / 1st month's rent: \$_____

Application/Processing Fee: \$_____

3% Handling Fee \$_____

Card Type: (Circle One) Visa MasterCard Discover

Credit Card #: _____

VID Code: _____ Expiration Date: _____

Name as it Appears on Card: _____

Credit Card Billing Address: _____

Signature: _____ Date: _____

Applicant for tenancy represents that all the above statements are true, correct and complete and hereby authorizes verification of the information provided here including, but not limited to, obtaining a credit report and verification of employment and residence, and agrees to furnish additional credit and criminal background information upon request. The cost of the deposit (first month's rent) to secure the apartment will not be refunded and will be taken as liquidated damages for any reason should the applicant cancel his/her application, provide false information, fail to pay any outstanding balance by the balance due date, or fail to execute a written lease agreement. I understand that the deposit will be refunded only if my application is rejected. The management co./owner solely reviews, accepts, or rejects all applications. The Apartment Source is a listing agent for the management co./owner and The Apartment Source does not accept or reject any applications. The Apartment Source is in compliance with all Equal Opportunity Housing Laws.

Office Use Only

Address Applied for: _____ Unit #: _____

Agent: _____