

## 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 A	pplied For:		Unit:	_
New Lease Terms:	· · · · · · · · · · · · · · · · · · ·	Parking Nee	eded? Y / N		
Monthly Rental: \$	Move in Date:	N	umber of adults of occu	upy apartment:	
# Of Dog(s):	Weight of dog(s):	t of dog(s): # of Cat(s):		f Cat(s):	
Please specify any requests for	or work to be completed. (If this space is left e	mpty, it will be considered an a	s-is move in:		
Note: Based on the nature an	d costs the requested work entails, requests r	nay be rejected or subject to an	increase in rental price.		
Applicant Name:		Applicant's I	Phone #:		
Applicant's Email add	ress:	Social Security #	<u>:</u>	Date of Birth:	_
Present Address:		City:	State:	Zip:	
Present Landlord:		<u>P</u>	hone #:		
# Of Years at Above	Address: Do you have F	Roommates?	If so, How many?		
Present Rent: \$	Lease Expiration Date:	Reason	for Moving:		
	the release of the above inform				
	n completed by:				
	City:				
Other Income: Source:	Amount \$ Relation: _	Received:	Phono #:		
Any Litigation (Such as:	Evictions, Suits, Judgments, Bankru	otcies, and Foreclosures)	or Criminal History?	_	
"I hereby authorize	the release of the above inform	nation" Signature:			
[For internal use only] <b>E</b>	mployment Verification completed	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 state	ad this entire application and that all of the above xcept those previously disclosed in writing on this n by said agent of above representation and refer hble. If the applicant is accepted, the deposit will but shall be retained as liquidated damages. An a ad by the landlord) and pay the administrative fee nall be on the condition of an as-is move-in. The la sideration.	Application. If any of the above in ences, the undersigned hereby de then be first month's rent. If the aguitable diditional charge is made for a creupon notification by owner. If not	formation is false, I hereby agree the posits with said agent the sum of our plication is rejected, the deposit will dit investigation payable with applicating is requested in the requests for	at my entire deposit may be forfeited to you. In ne month's rent to be disposed of as follows: The be returned to applicant. The deposit is not reful ation. Applicant shall sign the lease within 48 hot work to be completed and agreed upon in writing	<b>e \$60</b> Indable urs of g by the
Signed:			Date:		