

Chicago Apartments and Condos
867 W Buckingham Place
Chicago, IL 60657
Office: 773-857-7368

Fax: 773-472-3814
CO: Beth Glenn
Mgmt Co. _____

Address _____ Unit: _____
Occupancy from: _____ to _____
Rent Amt: \$ _____ Sec Deposit _____
Parking Fee: \$ _____
Included in rent – Avail for Fee – Waiting List – None
Pet Fee \$ _____
Monthly – Non Refundable Deposit - Refundable Deposit
Move-In Fees: \$ _____ Refundable – Non Refundable

APPLICATION – OFFER TO LEASE

APPLICANT _____ Phone _____

Present Address _____ Unit _____ City _____ State _____ Zip _____

Current Rent \$ _____ SSN _____ Sharing apartment with _____

Date of Birth ____/____/____ Driver's Lic # _____ State: _____

Present Landlord: _____ Phone _____ From ____/____/____ TO ____/____/____

Landlord Address _____ Unit _____ City _____ State _____ Zip _____

Previous Landlord: _____ Phone _____ From ____/____/____ TO ____/____/____

Landlord Address _____ Unit _____ City _____ State _____ Zip _____

CURRENT EMPLOYER _____ Supervisor _____

Address _____ City, St, Zip _____ Phone _____

Position _____ Start Date _____ Monthly Income _____

Previous employer _____ City _____ State _____ Phone _____
(If current is less than one year) If you were full time student, what school were you attending?

Additional Monthly Income \$ _____ Explain _____

Have you ever been evicted from an apartment? _____ Any judgments against you? _____ Have you ever declared

bankruptcy? _____ If yes; reason _____

Others to share the apartment:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Do you have any Pets? _____ If so, What type? _____

In emergency notify: Name _____ Relationship _____

Address _____ Unit _____ City _____ State _____ Zip _____

Emergency Contact Home Phone: _____ Emergency Contact Cell Phone: _____

I hereby deposit \$ _____ towards the first month's rent plus \$40.00 (or \$60 for married couples) credit check fee. Credit Check Fee is non-refundable. I hereby authorize Chicago Apartments & Condos, its designated Agent and/or Property Manager to obtain consumer reports, and other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, credit information, including criminal background search for the purpose of determining whether or not to lease to me an apartment. Once your application is accepted the deposit will be credited to your first month's rent and is becomes non refundable.

Signature: _____ Date _____ email address: _____

Day Phone _____ Cell Phone _____ Evening Phone _____

Electronic signature deemed reliable confirmation of lessees' agreement with the policies noted in this application.

Chicago Apartments and Condos

EMPLOYMENT VERIFICATION REQUEST

To: _____ Phone: _____
(Human resources contact)

Fax: _____

Employer: _____

Employer Address: _____

Business Phone: _____ Fax: _____

I have applied for an apartment through Chicago Apartments and Condos and hereby authorize my employer to disclose the following information to them.

Employee Name: _____ SSN _____ - _____ - _____
(please print)

Employee Signature: _____

To Be Completed by Employer

Beginning Date: _____ Position/Title: _____

Full Time Employee? _____ How many hrs/week: _____

Additional Compensation: _____

Probability of continued employment: _____ Comments: _____

Verified by: _____ Title: _____

Signature: _____ Date: _____

Please fax this form back to:

Beth Glenn
(773) 472-3814

Chicago Apartments and Condos
867 W Buckingham Place Chicago, IL 60657
O: 773-857-7368

Electronic signature deemed reliable confirmation of lesses' agreement with the policies noted in this application

Chicago Apartments and Condos

LANDLORD VERIFICATION REQUEST

Landlord Name: _____ Business Phone: _____

Landlord Address: _____ Fax number: _____

I have applied for an apartment through Chicago Apartments and Condos and hereby authorize my landlord to disclose the following information to them.

Tenant Signature: _____

Tenant Name : _____
(please print)

Address to verify: _____ Unit _____ City _____ St _____

To be Completed by Landlord

Monthly Rent: _____ Lease Term: _____

Has rent been paid on time? _____ Would you rent to this resident again? _____

Verified by: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____

Please fax this form back to:

Beth Glenn

(773) 472-3814

Chicago Apartments and Condos

867 W Buckingham Place Chicago, IL 60613

O: 773-857-7368

Electronic signature deemed reliable confirmation of lessees' agreement with the policies noted in this application.

