

The undersigned hereby makes application for Apartment #, \_\_\_\_\_, Type \_\_\_\_\_, at 1630 Chicago Avenue, Evanston, IL 60201

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ D.O.B \_\_\_\_\_

Additional Occupants for apartment \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

How long at present address \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Present Lease Expires \_\_\_\_\_ Current Rental / Mortgage Payment \$ \_\_\_\_\_

Current Landlord or Mortgage Holder \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Co-Applicant's Address** \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

How long at present address \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Present Lease Expires \_\_\_\_\_ Current Rental / Mortgage Payment \$ \_\_\_\_\_

Current Landlord or Mortgage Holder \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

List previous address and Landlord (If current address is less than five years):

In the event of emergency notify \_\_\_\_\_ Telephone \_\_\_\_\_

**LEASE COMMENCEMENT** \_\_\_\_\_ Term \_\_\_\_\_ Rental Amount \_\_\_\_\_

Amount of First month's Rent Herewith \$ \_\_\_\_\_ Non-refundable Application Fee \$ 185.00

Pet Deposit (Maximum Two Cats only) \$ \_\_\_\_\_ Non-refundable \$250 one time fee per pet

**Apartment Deposit \$500 applied to the 1st month rent, non-refundable after 48 hours of dated application.**

**INCOME INFORMATION**

**Applicant's Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

No. of years there \_\_\_\_\_ Position \_\_\_\_\_

Annual Gross Income (Salary) \$ \_\_\_\_\_ Name/Title of Contact Person \_\_\_\_\_

Other Income \_\_\_\_\_ Source \_\_\_\_\_

**Co-Applicant's Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

No. of years there \_\_\_\_\_ Position \_\_\_\_\_

Annual Gross Income (Salary) \$ \_\_\_\_\_ Name/Title of Contact Person \_\_\_\_\_

Other Income \_\_\_\_\_ Source \_\_\_\_\_

The Applicant/Lessee(s) certifies that all of the preceding information is true and complete and agrees that inquiries will be made to verify the statements contained herein. This application, all accompanying forms and the lease agreement constitute an offer for the Applicant/Lessee(s) to apply for residence of an apartment at the above address. In consideration for Lessor reserving Apartment # \_\_\_\_\_ and making occupancy preparations, the \$500.00 deposit shall be non-refundable after forty-eight (48) hours of application of cancellation of lease.

**PLEASE NOTE: THE \$185 APPLICATION FEE AND \$500 DEPOSIT ARE DUE WITH APPLICATION. MANAGEMENT WILL NOT RELEASE KEYS UNLESS 1ST MONTH'S RENT MINUS THE \$500 DEPOSIT HAS BEEN PAID.**

**Applicant(s)** \_\_\_\_\_ **1630 Chicago Avenue, 847-733-1630 . FAX: 847-733-1688**

By: \_\_\_\_\_

Dated: \_\_\_\_\_

