



Date: ____/____/____

1032 W. Fulton Market Ste. 300
Chicago, IL 60607
Phone: 312-229-4610
Fax: 312-229-1147
www.mo2properties.com

Application for Apartment Rental

Apartment Information:

Address applied for: _____

Unit #: _____ Size: _____ Rent: _____ Sec. Deposit Amount: _____

Lease Term From: _____ To: _____ Management Co./Owner: _____

Applicant Information:

Name of applicant: _____ SS#: _____

D.O.B. ____/____/____ Driver's License#: _____ State: _____

Telephone: _____ Email Address: _____

Present Address: _____ City, St.: _____ Zip: _____

Present Landlord: _____ Landlord Telephone: _____

Present Lease Term From: _____ To: _____ Rent: _____

Landlord Information:

Previous Address: _____ City, St.: _____ Zip: _____

Previous Landlord: _____ Landlord Telephone: _____

Previous Lease Term From: _____ To: _____ Rent: _____

Employer Information:

Employer: _____ Telephone: _____

Business Address: _____ City, St.: _____ Zip: _____

Position: _____ How Long: _____ Annual Salary: _____

Immediate Supervisor: _____ Additional Income/Source: _____

Number of Occupants: _____ Children Ages: _____

Pets (include type/size): _____

Emergency Contact: _____ Telephone: _____

Relationship to Applicant: _____

Would you feel comfortable referring us to your HR department? Yes No

Would you anticipate purchasing a home in the next 2 years? Yes No

Guarantor:

_____ If required by Lessor, I agree to provide a Guarantor.

Heating (Applicant Initials Required):

_____ I understand that heat is not included in the rental price.

_____ I understand that heat is included in the rental price.

Sight Unseen, Model Unit, Remodeled/Pre-construction Policy (Initial if Applicable):

_____ I understand that I am applying for the above apartment after having seen a comparable model unit. I recognize that the apartment I am applying for is similar to the apartment I have seen but not identical in regards to layout and fixtures.

I understand that the payment will be refunded only if the application is rejected by the Lessor or if the apartment is unavailable. The payment made shall be used as liquidated damages should I cancel, if the information given is false, or if I fail to pay any outstanding balance due on due date. I agree to execute a written lease agreement within two (2) days of notification of approval of this application. I hereby authorize Chicago Apartment Finders (CAF) to run a credit check and a criminal background check. This fee is non-refundable. CAF may also verify my employment and rental history. CAF does its best to match up properties and tenants, but the ultimate determination as to the suitability of any tenant must remain with the landlord. CAF does not discriminate because of one's membership in a protected class, e.g.: race, color, religion, national origin, sex, ancestry, age, marital status, physical or mental handicap, familial status, or any other class protected by Article 3 of the Human Rights Act.

Applicant Signature: _____ Date: ____/____/____





1032 W. Fulton Market Ste. 300
Chicago, IL 60607
Phone: 312-229-4610
Fax: 312-229-1147

Employment Verification Form

To: _____

Employer Name: _____

Business Phone: _____

Fax Number: _____

Employer/Source of Income: _____

Employer Address: _____ State: _____ Zip: _____

Business Phone: _____ Fax Number: _____

I hereby authorize my employer to disclose the following information to Chicago Apartment Finders.

Printed name of applicant

Applicant signature

_____/_____/_____
Date

Applicant SSN or Tax ID #

FOR OFFICE USE ONLY. DO NOT WRITE BELOW

To whom it may concern:
Please complete this form as soon as possible in order to complete an application for an apartment.
In order to complete the application process, we need to verify employment/income information.
Information contained on this form will only be used in accordance with the Fair Credit Reporting Act.

Beginning Date: ____/____/____ Position/Title: _____

FULL TIME EMPLOYEE? Yes No How many Hrs/wk? _____

Present Salary/Pay rate: _____ Per: _____

Additional Compensation (bonuses, overtime, comm.): _____

Probability of Continued Employment: _____

Other Comments: _____

Verified by: _____ Title: _____

Signature: _____ Date: ____/____/____

