

Apartment Address: _____ Floor: _____ Rent \$ _____

Date Wanted: _____

Applicant Information:

| | | | | | | | | |
|---|--|--------------------------------------|-------------|--|---|----------------|--|--|
| Name (First) | | | (Middle) | | | (Last) | | |
| Birth Date | | | SSN # | | | Marital Status | | |
| YOUR Cell # | | | Home Phone: | | | E-Mail: | | |
| Own Furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No | | High School (Include City and State) | | | College (if applicable; include City and State) | | | |
| # of People to Occupy Apartment: | | Children? (Names/Ages): | | | Pets? # & Type: | | | |

***Dogs are NOT allowed except as medically necessary for disabled persons, under law ***

Current Residence:

| | | | |
|--|--|-----------------------------------|--|
| Current Address | | Apartment # | |
| City | | State | |
| Landlord Contact/Name: | | Phone (daytime/cell for Landlord) | |
| Landlord E-mail address (if available) | | Monthly Payment or Rent: | |
| Reason for Leaving: | | Length of Time at Residence | |

Previous Residence:

| | | | |
|--|--|-----------------------------------|--|
| Previous Address | | Apartment # | |
| City | | State | |
| Landlord Contact/Name: | | Phone (daytime/cell for Landlord) | |
| Landlord E-mail address (if available) | | Monthly Payment or Rent: | |
| Reason for Leaving: | | Length of Time at Residence | |

Current Employment Information:

| | | | | | |
|----------------------------|--|---|--|----------------------------------|--|
| Company Name: | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | Salary (average monthly): | |
| Employer Address: | | City | | State | |
| Supervisor/Contact: | | Supervisor Phone: | | Fax: | |
| Length of time at Company: | | Supervisor e-mail: | | Your work E-mail: | |
| Comments: | | | | Your Work Phone #: | |

Previous Employment Information:

| | | | | | |
|-------------------------------|--|---|--|----------------------------------|--|
| Previous Company Name: | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | Salary (average monthly): | |
| Employer Address: | | City | | State | |
| Supervisor/Contact: | | Supervisor Phone: | | Fax: | |
| Length of time at Company: | | Supervisor e-mail: | | | |
| Reason for Leaving: | | | | | |

Automobile/Vehicle Registration

| | | |
|---------------------------------|--------------|------------------------------|
| Driver's License Number: | State | License Plate Number: |
| Make/Model | Color | Year |

Bank Information

| | | |
|---|------------|-------|
| Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Name: | City: |
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Name: | City: |

REFERENCES:
(No relatives, please; Personal Friends Preferred)

| Name | Address | Cell & Home Phone/E-mail | Relationship |
|------|---------|--------------------------|--------------|
| | | | |
| | | | |

IMPORTANT - EMERGENCY CONTACT INFORMATION:

| | | |
|-------------------------------|---------------------------------------|----------------------|
| Emergency Contact Name | Home Phone AND Cell Number(s): | Relationship: |
|-------------------------------|---------------------------------------|----------------------|

I LEARNED ABOUT THIS APARTMENT THROUGH...

Our Website: (www.TheSchirmFirm.com or www.1st-Chicago-Apartment-Rentals.com)

Chicago Reader – Online Chicago Reader—Print Craig's List Rent.com

Google Ad Facebook Lincoln Square Chamber Of Commerce Website

Friend – (Please give Name): _____

For Rent Sign Building Walk- By Other – Please Specify: _____

--THIS APPLICATION IS NOT BINDING ON ANY PARTY--

A\$35.00 NON-REFUNDABLE APPLICATION FEE PER APPLICANT IS REQUIRED TO PROCESS APPLICATION

**** PHOTO ID (Driver's License/State ID) MUST BE PROVIDED AT TIME OF APPLICATION (COPY WILL BE MADE).****

If a lease-signing occurs: Security Deposit and First Rent monies must be paid by either a **MONEY ORDER or BANK CHECK** at time of signing. **Personal Checks will not be accepted for first transaction/signing. Cash payments are not accepted at any time.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?

Yes No If "yes", please explain: _____

OFFICE: 7344 N. Western Avenue, Chicago, IL 60645-1814
PHONE: (773) 381-0150 FAX: (773) 381-0630 E-MAIL: greatapartments@schirmfirm.com
WEBSITE: www.TheSchirmFirm.com or www.1st-Chicago-Apartment-Rentals.com

BY SIGNING THIS APPLICATION, I AUTHORIZE CONTACT OF ALL THE ABOVE-LISTED AGENCIES AND PARTIES, AS WELL AS THE USE OF CREDIT AND CRIMINAL REPORTING AGENCIES TO PROVIDE OFFICE WITH A CONFIDENTIAL CREDIT/CRIMINAL REPORT.

APPLICANT'S SIGNATURE: _____ DATE: _____

Should this application be accepted, the signed Lease and Security Deposit must be remitted to Lessor within 3 business days after notification of acceptance by Lessor. Failure to remit will result in a rejection of the application. Should applicant fail to enter into the signed Lease Agreement, Lessor shall retain the Security Deposit as liquidated damages.