

# APARTMENT RENTAL APPLICATION



6822 N. WAYNE  
CHICAGO, IL 60626  
(773) 761-7470  
FAX (773) 761-5765  
www.lakefrontmgt.com

Rental Address: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Monthly Rental Amount: \$ \_\_\_\_\_  
Security Deposit: \$ \_\_\_\_\_  
Credit Check Fee: \$ 35.00 \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Rent: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Length of Residency: \_\_\_\_\_ Landlord Phone: (\_\_\_\_\_) \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

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Employed by: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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Total number of persons to occupy apartment: \_\_\_\_\_

I understand that if my application is rejected, my credit check fee is non-refundable. If application is accepted, I agree to pay 1st Month's rent within 24 hours in the form of a Money Order or Cashier's Check made payable to Lakefront Management. Applicant understands and agrees that this is a non-refundable payment due to the fact that Landlord has taken this unit off the market. Security Deposit is due the day you move in and must also be in the form of a Money Order or Cashier's Check.

I AUTHORIZE VERIFICATION OF THE ABOVE INFORMATION AND A CHECK OF MY CREDIT.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_