Landlord Lease Application Packet

Dear Property Owner,

Thank you for the opportunity to coordinate the application process and lease signing for your rental property. Our Processing Department will provide the following:

- Credit information
- Employment verification and past landlord history when possible.
- City of Chicago Residential Landlord and Tenant Ordinance Summary
- Separate Summary of Security Deposits Rights
- Protect Your Family From Lead Based Paint brochure to give to your tenant/s.
- Landlord Lease Application Payment & Processing Form
- If you do not already have a preferred lease, our Processing Department can provide you with samples to choose from

The fee for this package is \$100 per applicant, \$100 per cosigner and \$100 for lease preparation. All funds are to be paid to The Apartment People by the Owner.

We also offer optional criminal and eviction reports. The cost is \$20 per report per applicant.

** Please email or fax the attached application/s, Consent to Dual Agency Disclosure form signed by both landlord and tenant, along with the Payment & Processing form to Apartment People:

Attention: Annette or Bertha

Email: Processing@apartmentpeople.com

Fax: 773-248-1007 Phone: 773-248-1999



Servicing Property Owners for Over 25 Years







Landlord Lease Application

Payment & Processing Form

Attention: Annette or Bertha Please begin processing the application/s for the following prospective tenants:
Owner's Name:
Tenant Name/s:
Address to be Rented: , I L Fee for Landlord Lease Application services is \$100 per applicant, \$100 per cosigner and
Fee for Landlord Lease Application services is \$100 per applicant, \$100 per cosigner and \$100 for lease preparation. Optional criminal or eviction report is \$20 per report per applicant. Please signify below your method of payment.
You must pay by credit card to begin processing the Application
Amount to be charged:
Master Card Visa AmEx Discover (Please circle one) Credit Card Number: V Code
Expiration Date: (3-4 digits on back of card)
Credit Card Billing Address:
City, State, Zip: Signature:
APARTMENT PEOPLE does not accept or reject applications by the prospective tenant. It is the sole responsibility of the landlord accept or reject an application. Lease application service fees are nonrefundable in the event the applicant cancels or is not approved to the owner. Please review the prepared lease, as the owner is ultimately responsible for its contents. APARTMENT PEOPLE is no responsible for false or unverified information. APARTMENT PEOPLE is not an agent for landlord or tenant and cannot be held responsible for any lease terms agreed between landlord and tenant. APARTMENT PEOPLE does not discriminate on the basis of race, color, religion, sex, familial status, national origin, ancestry, handicap, disability, age, marital status, parental status, sexual orientation, transgender status, transsexual status, military status, unfavorable discharge from military service, source of income or an legally protected class.
Owner/s Signature:
Print Name:
Phone:
Email:

Lease Application

For:(owner's name)		3121 N. Broadway, Chicago IL, 60657 email: processing@apartmentpeople.com tel: 773.248.1999 fax: 773.248.1007
Date:		
Address applied for:	Unit #:	Size: Rent Amount:
Lease Term From: To:	Owner:	
Name of Applicant:	SS#	Birthdate: / /
Driver's License #:	ST: Telephor	ne #:
Email address:		

Present Address: _____ City, State: ____ Zip: ____

Present Landlord: _____ Landlord's Telephone #: _____

Landlord Address: _____ How Long: _____ Rent: _____

Employer: _____ Telephone #: ____

Business Address: _____ Position: _____ How Long: _____

Monthly Income: ______ Immediate Supervisor: ______

Additional Income/Source: ______

Number to occupy apartment: ______

Pets (include type/size): ______

I hereby authorize APARTMENT PEOPLE to check my credit, landlord and employment history and share that information with the property owner. APARTMENT PEOPLE does not discriminate on the basis of race, color, religion, sex, familial status, national origin, ancestry, handicap, disability, age, marital status, parental status, sexual orientation, transgender status, transsexual status, military status, unfavorable discharge from military service, source of income or any legally protected class. The owner solely reviews, accepts or rejects all applications. APARTMENT PEOPLE does not accept or reject any application. APARTMENT PEOPLE is not responsible for false or unverified information. APARTMENT PEOPLE cannot be held responsible for any lease terms agreed between landlord and tenant or any errors or omissions on the lease.

Applicant Signature





Please email or fax this form to:

ATTN: Bertha or Annette

For:		3121 N. Broadway, Chicago IL, 60657
	(owner's name)	email: processing@apartmentpeople.com tel: 773.248.1999 fax: 773.248.1007
Co-signer Applicatio	n For:	
For Property Located	d At:	
Unit #:	Rent Amount: \$	Owner:
Co-signer's Name:		SS#:
Address:		Birthdate:
City:	State:	Zip: Phone:
Email:		
		Phone:
		Monthly Income:
Length Of Employm	nent: Superv	visor:
with the property owner. A national origin, ancestry, transsexual status, military class. The owner solely reapplication. APARTMENT is responsible for any lease to the control of the con	APARTMENT PEOPLE does not discriming handicap, disability, age, marital status status, unfavorable discharge from mixiews, accepts or rejects all application PEOPLE is not responsible for false or unterms agreed between landlord and to	lord and employment history and share that information ate on the basis of race, color, religion, sex, familial status, s, parental status, sexual orientation, transgender status, littary service, source of income or any legally protected ons. APARTMENT PEOPLE does not accept or reject any verified information. APARTMENT PEOPLE cannot be held enant or any errors or omissions on the lease.
Applicant Signatur	re	



Cosigner Application



Please email or fax this form to: ATTN: Bertha or Annette



Date:

REV 03/02

[TO BE EXECUTED AT TIME OF EXECUTION OF ANY OFFER OR CONTRACT TO PURCHASE (OR LEASE)]



CONFIRMATION OF INFORMED CONSENT TO DUAL AGENCY (SAME AGENT TRANSACTION)

Seller Client(s):
Buyer Client(s):
Broker:
Designated Agent (sometimes referred to herein as Licensee):
The above named seller and buyer clients previously consented to and authorized Designated Agent to engage in dual agency in accordance with the following:
The above named Broker and Designated Agent may undertake a dual representation (represent both the seller or landlord and the buyer or tenant) for the sale or lease of your property or properties they may show you. The undersigned acknowledge they were informed of the possibility of this type of representation. Before signing this document, please read the following:
Representing more than one party to a transaction presents a conflict of interest since both clients may rely upon Licensee's advice and the clients' respective interests may be adverse to each other. Licensee will undertake this representation only with the written consent of ALL clients in the transaction.
Any agreement between the clients as to a final contract price and other terms is a result of negotiations between the clients acting in their own best interests and on their own behalf. You acknowledge that Licensee has explained the implications of dual representation, including the risks involved, and understand that you have been advised to seek independent advice from your advisors or attorneys before signing any documents in this transaction.
 WHAT A LICENSEE CAN DO FOR CLIENTS WHEN ACTING AS A DUAL AGENT Treat all clients honestly. Provide information about the property to the buyer or tenant. Disclose all latent material defects in the property that are known to Licensee. Disclose financial qualification of the buyer or tenant to the seller or landlord. Explain real estate terms Help the buyer or tenant to arrange for property inspections. Explain closing costs and procedures. Help the buyer compare financing alternatives. Provide information about comparable properties that have sold so both clients may make educated decisions on what price to accept or offer.
 WHAT A LICENSEE CANNOT DISCLOSE TO CLIENTS WHEN ACTING AS A DUAL AGENT Confidential information that Licensee may know about the clients, without that client's permission. The price the seller or landlord will take other than the listing price without permission of the seller or landlord. The price the buyer or tenant is willing to pay without permission of the buyer or tenant. A recommended or suggested price the buyer or tenant should offer. A recommended or suggested price the seller or landlord should counter with or accept.
If either client is uncomfortable with this disclosure and dual representation, please let Licensee know. You are not required to sign this document unless you want to allow the Licensee to proceed as a dual agent in this transaction.
By signing below, you acknowledge that you have read and understand this form and voluntarily consent to the Licensee acting as a dual agent (that is, to represent BOTH the seller or landlord and the buyer or tenant) should that become necessary."
Therefore, the undersigned confirm that they have previously consented to the above named Broker and Designated Agent acting as a dual agent in providing brokerage services on their behalf and specifically consent to Designated Agent acting as a dual agent to the transaction referred to in this document.
Seller client(s): Buyer client(s):

Date:

Landlord Verification



Name:		
Address:	Unit #	
I authorize The Apartment People	to verify my tenant history.	
Applicant's Signature	Date	
Attention: Property Manager	· Please fill out information b	below for verification
The individual named above has a	applied for an apartment throu	gh our agency.
Please assist us by verifying the fo	llowing information.	
Rent amount for the unit listed ab	oove	
Length of applicant's tenancy		
Was rent paid consistently	Yes 🔲 No	
Verified by:	Title:	Date:
Thank you for your cooperation a	nd prompt response.	
Sincerely,		
The Apartment People		
Processing Department		

Employment Verification



Name:		
SS#		
hereby authorize The Apartment People to verify my	employment h	iistory.
Applicant's Signature	Date	
Attention: Personnel/Human Resources Please	fill out inform	nation below for verification
The individual named above has applied for an apartn	nent through o	our agency.
Please assist us by verifying the following information.		
The individual named above is employed at		
Address		
They have been employed with your company since _		
please indicate start date		
Approximate annual salary	<u></u>	
Information verified by:	Title:	Date:
Thank you for your cooperation and prompt response.		
Sincerely,		
The Apartment People		
Processing Department		