

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 _____

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: _____

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

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 _____