#### IBF Property Management, L.L.C.

Real Estate Investment & Management

Office Address: 3324 W. North Avenue Chicago, IL 60647 Mailing Address: P. O. Box 6983 Chicago, IL 60680 Office: 773.384-9370

Fax: 773.384-9369

Each applicant is required to submit a **NON-REFUNDABLE** credit check fee in the amount of \$35.00.

The undersigned hereby authorizes the Agent to verify all information as indicated within this application, including, but not limited to an inquiry to a credit reporting agency with whom Agent subscribes. In addition, the undersigned acknowledges he/she has read this application, and agrees to the terms herein set forth.

Signed:	
Co-Applicant:	
Date:	

## IBF Property Management, L.L.C. Real Estate Investment & Management

Equal Housing Opportunity

Office: 773.384-9370 Fax: 773.384-9369

Application for Lease
(Non-refundable credit check fee covers the cost of verifying references and a credit check.
This application is subject to approval of owners.)

Applicant's Information		Fee per Person: \$35.00
Name:(Last)	(First)	Date:
Date of Birth:		Age:
Phone: Day Number	Evenir	ng Number
Driver's Lic. /State I.D.:		.S.N.:/
Current Address:		
City	State	Zip Code
Rent per Month: \$	No. of yrs.:	Reason for
leaving:		
Agent/Landlord Name:		Phone:
Previous address, if less tha	n 2 yrs.:	
City	State	Zip Code
Rent per Month: \$	_ No. of yrs.:	Reason for
leaving:		_
Agent/Landlord Name:		Phone:
Applicant's Employment (A current pay stub is required)		
Occupation:	Phon	e:
Employer Name:	Add	ress:
City	State	Zip Code

No. of yrs.: Dept	Supervisor/Manage	er:	
Monthly Salary: \$	Other Income: \$		
Best time and place to reac	h you? Home:	am _pm_ Work:	am pm
Applicant's Personal Histor	צ		
Are you now or have you ev	ver been involved in	any litigation (Evi	ctions,
judgments, bankruptcies)?	If yes	, please give deta	ils:
Co-Applicant's/Spouse's In	<u>formation</u>		
Name:(Last)	(First)	Da	ite:
Date of Birth:		Age	
Phone: Day Number	Eveni	ng Number	
Driver's Lic. /State I.D.:	s	5.S.N.:/	<b>!</b>
Current Address:		Apt	
City	State	Zip Code	
Rent per Month: \$	No. of yrs.:	Rea	son for
leaving:			
Agent/Landlord Name:		Phone:	
Previous address, if less th	an 2 yrs.:		
City	State	Zip Code	
Rent per Month: \$	No. of yrs.:	Rea	son for
leaving:			
Agent/Landlord Name:			

Co-Applican	t's/ Spouse's Empl	<u>oyment</u>		
Occupation:	cupation: Phone:			
Employer Na	loyer Name: Address:			_
City		State	Zip Code	_
No. of yrs.:	Dept. Su	pervisor/Manager		_
Monthly Sala	ary: \$ Ot	her Income: \$	(Specify)	_
Co-Applican	it's /Spouse's Perso	nal History		
Are you now	or have you ever b	een involved in a	ny litigation (Evictions,	
judgments, l	bankruptcies)?	If yes,	please give details:	
·				
Personal Re	ferences (Other tha	n relatives)		
Name	Address	Pho	one Relation	
Name	Address	Pho	one Relation	
In case of E	mergency (Contact)			
Name		Pho	one	
Amoutus ant C	<b>Nacumana</b>			
Apartment C				
Who will occ	cupy apartment?	No. of adults _	/ children	—
		No. of pets	Size/breed	
correct. I under of the premises	stand that this application	n shall be incorporated or untrue shall be groun	tion contained herein is true and I in, and become part of the leas nds for cancellation of the lease. ort.	е
			<b>D</b> (	
Signature: _	Applica	ant	Date:	_
Signature: _	Co-Applican	t/Spouse	Date:	_

## IBF Property Management, L.L.C. Real Estate Investment & Management

Equal Housing Opportunity

Name:	_
Property address:	unit:
How Did You I	Hear About Us? k all that apply)
☐ Drive-By	
Chicago Reader	
Chicago Tribune	
Chicago Sun-times	
Chicago Defender	
☐ IBF building Poster/Signage	
www.Rent.com	
www.Craigslist.com	
www.Inverbrass.com "Renters Rewa	rd"
www.RogersPark.com	
Referral Tenant:	
Other:	<del>_</del>
Other:	
Thank You,	
IBF Property Management, L.L.C	

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### EMPLOYMENT VERIFICATION REQUEST FORM

To:	
The person named below has made an Application for Leasthis person. The applicant, by his/her signature below, assistance in providing employment information will be since	e with us. Your firm was listed as having currently or formerly employed has authorized you to release there employment information. You rely appreciated. Thank you.
Employee Name:	A Control of the Cont
Current Address:	. ·
Social Security No.:	
Department or Branch:	
APPLICANT AUTHOR I HEREBY CONSENT TO THE RELEASE O	RIZATION OF THIS INQUIRY OF MY EMPLOYMENT INFORMATION.
Employee's Signature	Date Signed
EMPLOY	ER'S COMMENTS
Date of Employment (from)	(to)
Position Held	
Gross Salary or Wage \$	per mo week hr
Other comments	· .
Signature	Title:

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### **RESIDENCE VERIFICATION**

Date:				
To:				
Resident: Address:				
I, managed by The In information reques	nverbrass Funds	, have applied , LLC and hereb	for residency at y authorize you to	a property provide the
	OWNE	R'S COMMENT	<u>s</u>	
Term of Residency	FROM_	то		
Amount of Monthly	Rent \$			
Was rent paid on ti If not, Why?	me? Yes			
NSF checks How many times?	Yes	No		•
Late Payment How many times?	Yes	No		
Would you rent to t If not, Why?	his person again	? Yes	No	
Verified by Title:		•		•
Thank you for your	assistance.			