

**Dearborn Plaza Apartments**  
 1030 North Dearborn Parkway - Chicago, Illinois 60610  
 312-397-0777 (office) 312-397-0056 (fax)  
 Apartment Application

If another adult is to occupy this apartment they also must fill out an application !!  
 A thirty-five dollar (\$35.00) nonrefundable application fee must accompany each application.

**Application must be filled out in its entirety and signed.**

NAME:(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_  
 SOCIAL SECURITY # : \_\_\_\_\_ DRIVER'S LICENSE # : \_\_\_\_\_  
 TELEPHONE NUMBERS: HOME(\_\_\_\_\_) \_\_\_\_\_ WORK(\_\_\_\_\_) \_\_\_\_\_  
 BANK ACCOUNTS: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
**CURRENT LANDLORD'S NAME:** \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 LANDLORD'S TELEPHONE # :(\_\_\_\_\_) \_\_\_\_\_ CURRENT RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
**PREVIOUS ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
**PREVIOUS LANDLORD'S NAME:** \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 LANDLORD'S TELEPHONE # :(\_\_\_\_\_) \_\_\_\_\_ PREVIOUS RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_  
**PREVIOUS EMPLOYER:** \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE #:(\_\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_  
 IN CASE OF AN EMERGENCY PLEASE NOTIFY: \_\_\_\_\_ PHONE #:(\_\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOW MANY PEOPLE WILL OCCUPY THE APARTMENT? \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT OUR COMPANY? \_\_\_\_\_

**CRIMINAL HISTORY**

- 1) Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting a conviction)?  
 No  Yes, please explain \_\_\_\_\_
- 2) Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)?  
 No  Yes, please explain \_\_\_\_\_

By signing this application, you declare that all of your responses are true and complete and authorize Dearborn Plaza Apartments to verify this information. Any false statements on this application can lead to rejection of your application or termination of your lease. I hereby apply for the apartment listed below and understand that owner will not refund the deposit I have made to reserve the apartment for any reason other than rejection. Upon acceptance, after the processing of this application by Dearborn Plaza Apartments, I agree to sign my lease and complete my last month's rent and security deposit within 24 hours.

I, \_\_\_\_\_, hereby authorize Dearborn Plaza Apartments to obtain verification from any source to complete the process of my application.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

AGENT _____				COMMENTS: _____
APARTMENT _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
RENT \$ _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
PRORATION _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____
POSSESSION _____	AMOUNT PAID _____	DATE ___/___/___	HOW: _____	_____

## Dearborn Plaza Apartments

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### EMPLOYMENT VERIFICATION

Company's Name: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Current Employer                      \_\_\_\_\_ Previous Employer

Employee's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have applied for an apartment at Dearborn Plaza Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

\_\_\_\_\_  
Signature

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What is their position or title? \_\_\_\_\_

How long have they been employed by your company? \_\_\_\_\_

What is their salary: \_\_\_\_\_ per: Hour / week / month / year  
(please circle one)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Title \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_

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Thank you for taking the time to furnish us with the above information. This information will be kept confidential and will be used only to determine acceptance for residency.

\_\_\_\_\_  
Signature of 1030 North Dearborn Agent                      Title                      Date

## Dearborn Plaza Apartments

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### LANDLORD VERIFICATION

Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
\_\_\_\_ Current Landlord      \_\_\_\_ Previous Landlord

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apartment #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

I have applied for an apartment at Dearborn Plaza Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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1. Name(s) on Lease \_\_\_\_\_
2. Date of occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Monthly rental amount: \_\_\_\_\_
4. Has (had) he/she ever paid late? \_\_\_\_\_ How late? \_\_\_\_\_ # of late payments: \_\_\_\_\_
5. Have (had) you ever had to begin eviction proceedings for nonpayment? \_\_\_\_\_
6. Is their account in good standing? \_\_\_\_\_ If not, how much do they owe? \_\_\_\_\_
7. Does (did) the applicant interfere with the rights and quiet enjoyment of other residents? \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_
8. Did he/she give you proper notice of intent to move? \_\_\_\_\_
9. Would you rent to this resident again? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

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Thank you for taking the time to furnish us with the above information. This information will be kept confidential and will be used only to determine acceptance for residency.

\_\_\_\_\_  
Signature of 1030 North Dearborn Agent      Title      Date