

Dearborn North Apartments

1117 North Dearborn Street - Chicago, Illinois 60610

312-944-4318 (office) 312-944-0889 (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 North Apartments to verify this information. Any false statements on this application can lead to rejection of your application or termination of your lease. The applicant asserts that he/she will occupy the apartment. Any persons living in the apartment for more that 3 weeks must have an approved application filed with the office. 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 North Apartments, I agree to sign my lease and complete my last months rent and security deposit within 24 hours.

I, _____, hereby authorize Dearborn North 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: _____

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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 North Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

Signature

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: _____

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 Agent

Title

Date

Dearborn North Apartments

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Phone:(312) 944-4318

Fax:(312) 944-0889

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 1260 North Dearborn Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

Signature: _____ Date: _____

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: _____

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 Agent

Title

Date