



APARTMENT RENTAL APPLICATION

Address _____ Unit _____ MOVE IN DATE: _____
Monthly Rental Amount \$ _____ LEASE EXPIRATION: _____
Non Refundable Administrative Fee \$ 250.00
Credit Check Fee: \$ 35.00

6822 N. WAYNE
CHICAGO, IL 60626
(773) 761-7470
FAX (773) 761-5765
www.lakefrontmgt.com

Applicant's Name _____ Date of Birth _____

Social Security # _____ Current Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Current Rent _____ Landlord Name _____ Phone # _____

Length of Residence _____ Previous Address _____ City _____

State _____ Zip Code _____ Length of Residence _____

Employed By _____ Phone # _____ Salary _____

How Long _____ 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. ADMINISTRATIVE FEE 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 _____
(APARTMENT APPLICATION)