APARTMENT RENTAL APPLICATION

Address Unit	MOVE IN DATE:	
Monthly Rental Amount S	LEASE EXPIRATION: _	* 0 € *
Non Refundable Administrative Fee S_	250.00	6822 N. WAYNE
Credit Check Fee: \$ 35.00		CHICAGO, IL 60626
		(773) 761-7470
		FAX (773) 761-5765
Applicant's Name	Date of Birth	www.lakefrontmgt.com
Social Security #	Current Address	
Social Security #	_Current Address	
City State 71-1	Trans Dha	
City State Zip C	ode Home Phoi	ne
Current Rent Landlord Na	mePhor	ne #
Length of Residence Previous	Address	City
zengin or residence r revious		
State Zin Code Lange	th of Docidones	
State Zip CodeLeng	in of Residence	
Employed By	Phone #	_ Salary
Employed By	Phone #	_ Salary
Employed By How Long Supervisor's Nar		
How Long Supervisor's Nar	nePhone	#
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