



Rehab South Chicago

c/o Claretian Associates

APPLICATION FOR LEASE

Please Print Name Use Ink Pen.

Date _____

This is a legal document which imposes legal obligations on you and may under some circumstances cause forfeiture of your earnest money. Please read carefully before signing. All persons who will be occupying the apartment must be named as an occupant and all persons over 18 must complete an application and pay an application fee.

Name of Applicant (1) _____	Home Phone (____) _____
	Work Phone (____) _____
Name of Applicant(2) _____	Home Phone (____) _____
	Work Phone (____) _____

Other occupying Apartment:	Full Name:	Age:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How Did You Hear About Us? Please Check One!

Tribune Classified ___ Tribune Display ___ Reader Classified ___ Reader Display ___ Building Sign ___
 Apartment Guide ___ Yellow Pages ___ Apartment Locator ___ Word of Mouth ___ Store Front ___ Other ___

Your Present Home Address _____ Apt# _____ How Long _____ Rent Per Month \$ _____
 City _____ State _____ Zip _____ (Lease Expiration Date) _____
 Presently Sharing Apartment With _____
 Present Owner/Agent _____
 Address _____ City _____ Telephone (____) _____
 Reason for Moving from Last Address _____
 Desired bedroom size: 2 _____ 3 _____

APPLICANT (1) _____
 Social Security Number _____
 Date of Birth _____
 Driver's License Number _____
 Present Employment _____ Since _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Department Head _____
 Job Title _____
 Annual Income from Employer.....\$ _____
 Other Income Sources.....\$ _____
 Total Income from All Sources.....\$ _____

APPLICANT (2) _____
 Social Security Number _____
 Date of Birth _____
 Driver's License Number _____
 Present Employment _____ Since _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Department Head _____
 Job Title _____
 Annual Income from Employer.....\$ _____
 Other Income Sources.....\$ _____
 Total Income from All Sources.....\$ _____

APPLICANT (1) REFERENCES

Personal Reference _____

APPLICANT (2) REFERENCES

Personal Reference _____



READ CAREFULLY



AUTHORIZATION TO CHECK CREDIT

In connection with your apartment application, a consumer or credit reporting agency may be asked to make an investigative consumer or credit report on you. I (we) understand and hereby authorize agent/owner and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made on the Application and to inquire and check with the persons and references named thereon and also authorize(s) such credit or consumer reporting agency or bureau to make available to Rehab South Chicago c/o Claretian Associates, Inc..

AGREEMENT

- 1) The application fee, which covers the administrative cost of processing your application (including the credit & criminal background check), is not refundable in any circumstances.
- 2) Applicant(s) warrants that all matters set forth in the application are true and complete. If they are found not to be, your application will not be accepted. In addition, if applicants are approved and move into a unit based on false statements in this or any documents, residency and lease document will be subject to termination.
- 3) If your application is accepted (via notification by mail, phone or fax), and you fail to execute the property's standard lease form within time allotted, the apartment unit may be put back on the market and you will forfeit your non-refundable move in fee.
- 4) If you execute the standard lease form and fail to take occupancy of the apartment, you will be responsible for the rent and be held to the terms of the lease until the apartment is released to another qualified applicant approved by our office.

I/We have read and understand the above and agree to the terms:

Applicant(s) Signature _____ Date _____

Applicant(s) Signature _____ Date _____

Interpreter's Signature _____ Date _____

Additional Remarks / Special Requirements _____
