



LEASE APPLICATION

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Each co-applicant and occupant 18 years or older must submit a separate application

Property Address: _____

Requested Lease Start Date: _____ Requested Lease Term: _____ Monthly Rent: \$ _____
Ex: 1 year, 18 months, etc...

Applicant's Name (first, middle, last) _____

Is there a co-applicant? yes no if yes, co-applicant must submit a separate application

Social Security No. _____/_____/_____ Date of Birth: _____/_____/_____

Driver License No. _____ in _____ (state)

E-mail: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Name of ALL other persons who will occupy the Property:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Applicant's Current Address:

(city, state, zip)

Landlord's Name: _____

Landlord's Phone: _____

Landlord's E-mail: _____

*Moved-In Date: _____ Move-Out Date: _____

*If less than two years, also complete Previous Address

Monthly Rent: \$ _____

Reason for moving: _____

Applicant's Current Employer:

Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Supervisor's E-mail: _____

*Start Date: _____ Position: _____

Gross Monthly Income: \$ _____

*If less than two years, also complete Previous Employer

Other Income:

Source: _____ Amount: \$ _____ When/How often received: _____

Applicant's Previous Address:

(city, state, zip)

Landlord's Name: _____

Landlord's Phone: _____

Landlord's E-mail: _____

Moved-In Date: _____ Move-Out Date: _____

Monthly Rent: \$ _____

Reason for moving: _____

Applicant's Previous Employer:

Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Supervisor's E-mail: _____

Start Date: _____ End Date: _____

Gross Monthly Income: \$ _____

List All Pets (if permitted) to be kept on the Property (dogs, cats, birds, etc...):

Type & Breed	Color	Weight	Age	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Spayed or Neutered?	Declawed?	Rabies Shot Current?
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

	Yes	No	Explanation (if answered yes)
Will any waterbeds or water-filled furniture be on the property?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does anyone who will occupy the property smoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has Applicant ever:			
had a notice of eviction filed against them in the last 7 years? <i>if yes, provide year and explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
breached a lease or rental agreement? <i>if yes, provide year and explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
filed for bankruptcy in the last 7 years? <i>if yes, provide year and explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
lost property in a foreclosure? <i>if yes, provide year and explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there additional information Applicant wants considered?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Personal or Professional References:

Name: _____ Relationship: _____ Phone/E-mail: _____
 Name: _____ Relationship: _____ Phone/E-mail: _____

Authorization & Notification: Applicant authorizes Landlord and Landlord's Representative to: (1) obtain a copy of Applicant's credit report; (2) obtain a criminal background check related to Applicant; (3) verify any rental, employment, eviction, or criminal history or verify any other information related to this Application with persons knowledgeable of such information; and (4) release this Application and any information contained herein in furtherance of these purposes. Applicant represents that the statements in this Application are true and complete. Applicant understands that submitting this Application does not guarantee acceptance and that providing false or inaccurate information is grounds for rejection and a breach of any lease. Applicant understands lease documents may be signed electronically.

Applicant submits a non-refundable application fee of \$ _____ for processing and reviewing this Application.

Paid by Check Paid in Cash
or

Check One: Visa Master Card American Express Discover

Name as it appears on card	Billing Address
Card Number	Billing City, State Zip
Expiration Date	Security Code

Applicant's Signature

Date