



Please Print Clearly

# APPLICATION FOR LEASE

Please Print Clearly

## The Legend Group

UNIT 274  
540 W. ROSCOE  
CHICAGO, IL 60657  
Phone 773-327-6100  
Fax 773-327-6111

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

Lease from: \_\_\_\_\_ to \_\_\_\_\_

Move in Date \_\_\_\_\_

Rent \$ \_\_\_\_\_ Administration Fee \$ \_\_\_\_\_

Pet Fee \_\_\_\_\_ Bedrooms 0 1 2 3 (circle one)

**There is only one dog or two cats allowed per apartment.**

**NOT ALL BUILDINGS ALLOW PETS** Pet Rent\$ \_\_\_\_\_

\_\_\_\_\_

### APPLICANT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Home # \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Email address \_\_\_\_\_ Best tel # to reach you \_\_\_\_\_ Circle: cell or work or home? \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

### RESIDENCE HISTORY

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ Rent/Own Yrs. Monthly Pmt \_\_\_\_\_

Landlord \_\_\_\_\_ Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Rent/Own Yrs. Monthly Pmt. \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

### EMPLOYMENT HISTORY

Employer \_\_\_\_\_ Person to contact \_\_\_\_\_ Their title \_\_\_\_\_ Phone # \_\_\_\_\_

Employer Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Your Position \_\_\_\_\_ How Long? \_\_\_\_\_ Salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Yrs.? \_\_\_\_\_ Salary \_\_\_\_\_

Spouse Employment \_\_\_\_\_ Person to Contact \_\_\_\_\_ Their Title \_\_\_\_\_

Your Position \_\_\_\_\_ How Long? \_\_\_\_\_ Salary \_\_\_\_\_

Employer Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_ Salary \_\_\_\_\_

Additional Income \_\_\_\_\_ Explain \_\_\_\_\_

How many people to occupy Apartment?                      Adults                      Children \_\_\_\_\_

Children's Names \_\_\_\_\_ Ages \_\_\_\_\_ Sex \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Describe \_\_\_\_\_

**Please remember there is only one dog or two cats allowed per apartment.                      Pet Fee                      Dog \$275                      Cat \$150**

Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)? \_\_\_\_\_

If yes, explain \_\_\_\_\_

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)? \_\_\_\_\_ If yes, explain \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address \_\_\_\_\_

**I represent to you that I have read this entire application and that all of the above information hereon is true and correct. I further represent that my rental and credit records are in good standing with no judgements or liens against me. I also agree that if I am accepted and fail to complete this transaction by signing your lease and paying the appropriate funds, my entire administration fee will be forfeited to you. I understand that this application is subject to your approval, and if my application is not accepted, my administration fee will be returned in full. I agree to be bound by the rules and regulations of the building. I understand that waterbeds are not allowed. I understand that my \$30 credit check fee is non-refundable. I also understand that this is not a lease and should my application be accepted, I agree to sign your lease form currently in use. If for any reason whatsoever, you are unable to make the apartment, which is the subject of this application, available at the beginning of the lease term, I hereby waive any and all rights actual, punitive or consequential damages.**

**IT IS POLICY NOT TO DISCRIMINATE RENTALS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, ANCESTRY, AGE, SEX, FAMILIAL STATUS, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, MILITARY HISTORY OR SEXUAL ORIENTATION.**

**I hereby authorize my employer/landlord to release any information to The Legend Group for the purpose of processing my lease application. I also authorize The Legend Group to perform a criminal background check.**

Payment Method. Check one.     Cash     Check/Money Order     On-line Check Payment

Credit Card. If paying by credit card:

Check one:  Mastercard                       Visa                      Card No. \_\_\_\_\_

Expiration Month \_\_\_\_\_ Expiration Year \_\_\_\_\_

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Signature Applicant

COMMENT:

