

**Dearborn North Apartments**

1117 North Dearborn Street - Chicago, Illinois 60610  
312-944-4318 (office) 773-328-8280 (fax)  
Apartment Application

A maximum of two persons can occupy this apartment; any person living in the apartment must have an approved application on file. If another adult is to occupy this apartment they must also fill out an application! A fifty dollar (\$50.00) nonrefundable application fee and an administration fee of \$150.00 for a studio or \$200.00 for a one-bedroom or convertible must accompany the application. If your application is declined, the administration fee will not be charged.

**Application must be filled out in its entirety and signed.**

NAME:(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED \_\_\_\_\_  
PASSPORT # \_\_\_\_\_ COUNTRY OF ORIGIN: \_\_\_\_\_  
TELEPHONE NUMBERS: CELL \_\_\_\_\_ OTHER \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CURRENT LANDLORD'S NAME:** \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
LANDLORD'S TELEPHONE # \_\_\_\_\_ CURRENT RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PREVIOUS LANDLORD'S NAME:** \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
LANDLORD'S TELEPHONE #: \_\_\_\_\_ PREVIOUS RENT: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SALARY: \_\_\_\_\_ per H-W-M-Y PHONE #: \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_

IN CASE OF AN EMERGENCY PLEASE NOTIFY: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOW MANY PEOPLE WILL OCCUPY THE APARTMENT? \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR COMMUNITY? \_\_\_\_\_

**CRIMINAL HISTORY**

1) Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting a conviction)?  
 No  Yes, please explain \_\_\_\_\_

2) 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)?  
 No  Yes, please explain \_\_\_\_\_

By signing this application, you declare that all of your responses are true and complete and authorize Dearborn North Apartments to verify this information that will include a criminal background and a credit check. Any false statements on this application can lead to rejection of your application or termination of your lease. The applicant asserts that he/she will occupy the apartment. I hereby apply for the apartment listed below and understand that owner will not refund the deposit I have made to reserve the apartment for any reason other than rejection. Upon acceptance, after the processing of this application by Dearborn North Apartments, I agree to sign my lease and complete payment of any monies owed within 24 hours.

I, \_\_\_\_\_, hereby authorize Dearborn North Apartments to obtain verification from any source to complete the process of my application.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

AGENT: \_\_\_\_\_ APT# \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
RENT: \_\_\_\_\_ AMSI# \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ HOW: \_\_\_\_\_  
DATE OF POSSESSION: \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ HOW: \_\_\_\_\_  
LEASE NUMBER# \_\_\_\_\_  
CREDIT CARD# \_\_\_\_\_ EXP: \_\_\_\_\_ BILL ADDRESS: \_\_\_\_\_ /ZIP: \_\_\_\_\_

# Dearborn North Apartments

1117 North Dearborn Street - Chicago, Illinois 60610  
Phone:(312) 944-4318 Fax:(773) 328-8280

## EMPLOYMENT VERIFICATION

Company's Name: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: # \_\_\_\_\_ Fax#: \_\_\_\_\_  
\_\_\_\_\_ Current Employer \_\_\_\_\_ Previous Employer

Employee's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have applied for an apartment at Dearborn North Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

\_\_\_\_\_  
Signature

APPLICANT: PLEASE COMPLETE THE ABOVE PORTION

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EMPLOYER: PLEASE COMPLETE PORTION BELOW

What is their position or title? \_\_\_\_\_

How long have they been employed by your company? \_\_\_\_\_

What is their salary: \_\_\_\_\_ per: Hour / week / month / year  
(please circle one)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Title \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_

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DO NOT COMPLETE BELOW THIS LINE

Thank you for taking the time to furnish us with the above information. This information will be kept confidential and will be used only to determine acceptance for residency.

\_\_\_\_\_  
Signature of 1117 Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Dearborn North Apartments

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## LANDLORD VERIFICATION

Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ Current Landlord \_\_\_\_\_ Previous Landlord

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apartment #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

I have applied for an apartment Dearborn North Apartments. Please furnish them with the information needed to process my application. Thank you for your prompt attention to this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT: PLEASE COMPLETE THE ABOVE PORTION

LANDLORD: PLEASE COMPLETE PORTION BELOW

1. Name(s) on Lease \_\_\_\_\_
2. Date of occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Monthly rental amount: \_\_\_\_\_
4. Has (had) he/she ever paid late? \_\_\_\_\_ How late? \_\_\_\_\_ # of late payments: \_\_\_\_\_
5. Have (had) you ever had to begin eviction proceedings for nonpayment? \_\_\_\_\_
6. Is their account in good standing? \_\_\_\_\_ If not, how much do they owe? \_\_\_\_\_
7. Does (did) the applicant interfere with the rights and quiet enjoyment of other residents? \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_
8. Did he/she give you proper notice of intent to move? \_\_\_\_\_
9. Would you rent to this resident again? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT COMPLETE BELOW THIS LINE

Thank you for taking the time to furnish us with the above information. This information will be kept confidential and will be used only to determine acceptance for residency.

\_\_\_\_\_  
Signature of 1177 Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date