

Bold L&H Lofts

2620 W. Washington • Chicago, Illinois 60612
Tel: 312.202.0261 • Fax: 312.664.0780 • larry@2620lofts.com

Copy ID Here

Lease Application

Applicants over 18 must fill out a separate application
Valid state issued ID is required. Pre-Paid rent is required to hold unit.

Circle type of application • **New** • Re-let • Co-signer • Sublet

Unit # _____ W/D **Y N** _____ Parking **Y N** _____ **NO** Heat Inc

Pet Fee- Cat \$150/\$250: Dog \$295<30lbs; \$395<50lbs; \$495>50lbs

Monthly Rent \$ _____ \$ _____ Move in Fee \$ 350/\$475 _____ Lease Start _____ End _____
Non-Refundable *Mo/Day/Year* *Mo/Day/Year*

Applicant _____

Name _____ Driver License # _____ State _____ DOB ____/____/____

Current Address _____ City, State, Zip _____

Social Security # _____ - _____ - _____ Cell Phone # _____ Home Phone # _____

E-Mail _____ How did you find out about this apt? _____

#Adult occupants ___ #Children ___ Names and ages of ALL occupants _____

Have you ever been party to ANY litigation including civil suit, eviction, bankruptcy or foreclosure? **Y / N** If yes, details _____

#Dogs ___ #Cats ___ name, breed, weight _____
**Confirm building's pet policy/weight restriction with your agent, deposit or fee may be required. No Pits, Doberman or Rottweiler's*

Employment

Current Employer _____ Position _____ Annual Salary \$ _____ Hire Date _____
Mo/Year

Address _____ Phone # _____ Fax # _____

Supervisor _____ Supervisor's Phone # _____

2nd Employer / Additional Income Source _____ Monthly Income / Amount Received \$ _____

Rental History

Current Landlord _____ Phone # _____ Monthly Rent \$ _____ Lease Dates _____ - _____
Mo/Year *Mo/Year*

Are you sharing apt? **Y / N** Reason for Moving _____ Fax # _____

Previous Landlord _____ Phone # _____ Monthly Rent \$ _____ Fax # _____

Address, City, State, Zip _____ Lease Dates _____ - _____
Mo/Year *Mo/Year*

Agreement & Authorization

I, the Applicant above, represent to you, 2620 Washington Master Tenant llc., that I have read and understand this entire application and I certify that all of the information in this application is true and correct. I hereby apply for and offer to lease the apartment described for the lease term stated, at the rent and on the conditions set forth herein and in your standard lease form. I understand that no pets are allowed without prior written approval. I understand that, as is customary in the business, in compliance with Fair Credit Reporting Act, routine inquiries may be made concerning my tenancy. I hereby authorize you, your agents and any consumer or credit reporting agency employed by you to investigate and make or obtain a report about me which may include information as to my credit and financial responsibility, general reputation, and mode of living. The investigation may include information obtained through personal interviews concerning you or person(s) intended to reside in the apartment, number of children, employment, occupation, litigation/criminal history, habits, and reputation mode of living and residence verification. I further represent that my rental and credit records are in good standing. I understand that this application is subject to your approval and if my application is not accepted, my prepaid rent and/or deposit will be returned in full. I understand that my **\$50.00 credit check fee is non-refundable**. I also understand that this is not a lease and if my application is accepted, I agree to sign your lease form currently in use. I further understand that providing false information to you in this application is a basis for you to terminate that lease at any time as provided by law. At the time of application submittal I hereby understand that a minimum of on month rent is due in order to hold the apartment. these monies upon approval will be used as pre-paid first months rent. Within 5 days of notification of my applications acceptance. I hereby agree to sign your lease and complete the pre-payment of the first months rent in the form of a cashiers check or money order. I hereby acknowledge that if the pre-payment is not made I forfeit my right to hold the unit I have applied for. I also hereby acknowledge that if after acceptance I fail to complete this transaction, any and all pre-payments will be forfeited to 2620 Washington Master Tenant llc. to us as liquidated damages. 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 to seek to recover any damages whatsoever against you, including without limitation, actual, punitive or consequential damages. 2620 WASHINGTON MASTER TENANT llc.. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, DISABILITY, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, MARITAL STATUS, PARENTAL STATUS, MILITARY DISCHARGE STATUS, AND SOURCE OF INCOME. I acknowledge that if this application is approved, I will pay the amount due at the time of signing the lease agreement in the form of **certified funds, which include cashiers check(s) and money order(s)**. Further, if that amount due includes the last month's rent, I will pay that amount in cashiers check(s) or money order(s) separate from any amount required for initial rent. After paying the initial rent in the above manner, DIRECT WITHDRAWAL OR Credit Card (fees paid by lessee), money orders, or certified checks will be accepted, however, cash will not be accepted. By signing this application I the applicant for the unit listed above verify that I have seen the unit and/or waive my right to viewing the unit prior to completing this lease transaction.

Signature _____ Date _____



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Tenant Authorization

Name _____ Address _____

I hereby authorize 2620 Washington Master Tenant Ilc. to investigate or obtain information as to habits, reputation, mode of living and residence verification.

Signature _____

Do not write below this line

To Whom It May Concern,

Our tenant selection policy obligates us to verify certain information about applicants for residency for our apartments. You were listed as having currently or formerly rented to this person. The applicant's signature authorizing you to release this information is provided on this application. Your prompt return of this form via our fax (312-664-0780) or to scan and email to larry@2620lofts.com is greatly appreciated.

All Information You Provide Will be Held in the Strictest of Confidence

Landlord Verification

Lease Dates _____ - _____
Mo/Day/Year Mo/Day/Year

Monthly Rent \$ _____ Is/was the tenant current on rent? **Y / N** Any five day notices? **Y / N**

Would you rent to this person again? **Y / N** Comments _____

Signature _____ Title _____ Date _____

If verbal verification, please indicate who you spoke to and sign _____

Leasing Receipt

Applicant(s) _____

Unit # _____

Rent \$		Washer/Dryer \$		Storage \$		Garden \$		Application Fee \$	
Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# _____		# _____		# _____		# _____		# _____	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# _____		# _____		# _____		# _____		# _____	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# _____		# _____		# _____		# _____		# _____	
Move-In Fee \$		Parking Fee\$		Pet Fee \$					
Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance				
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____				
# _____		# _____		# _____					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____				
# _____		# _____		# _____					

When applicable, I hereby understand that the monies I submitted to hold the apartment, upon approval will be applied toward my first month's rent. **Int'l X** _____

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____