YOUR Cell # Home Phone: E-Mail: College (if applicable; include Functioner) Ves No	Apartment Address:			Flr/	Apt #:	Ren	nt \$_				
SUBLET OR REGULAR 1 YR LEASE Date Wanted: SApplicant Information:	check appropriate) STUDI	0 :	1BDRM	2BDRN	VI						
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Sinth Date SSN # Marital	Jame (First)		-		(Last)						
YOUR Cell # Home Phone: E-Mail:	((**************************************		(,						
Own	Birth Date	SSN #			Marital Status						
Own Furniture? Yes No Children? Coccupy Apartment: Versity State **Dogs are NOT allowed except as medically necessary, under law ** **Current Residence: Current Address City State Zip Code Landlord Contact/Name: Phone (daytime/cell for Landlord) Phone (evening Landlord E-mail address (if available) Monthly Payment or Rent: Length of Time at Reason for Leaving: Previous Address City State Zip Code **Desidence: Previous Residence: Phone (daytime/cell for Landlord) Phone (evening Length of Time at Reason for Leaving: City State Zip Code Phone (evening Company Name: Prull Time Part Time Position Title: Employer Address: Supervisor Phone: Fax: Length of time at Company: Supervisor Phone: Part Time Position Title: Previous Company Name: Previous Employment Information: Previous Company Name: Previous Employment Information: Previous Company Name: Position Title: Employer Address: State Supervisor Phone: Fax: Length of time at Company: Supervisor Phone: Fax: Length of time at Company: Supervisor Phone: Fax: Length of time at Company: Supervisor Phone: Fax:						<u> </u>					
To People to Children? (Names/Ages): # 8 Type *Dogs are NOT allowed except as medically necessary, under law * **Current Residence: Current Address City State Zip Code Landlord Contact/Name: Phone (daytime/cell for Landlord) Phone (evening Landlord E-mail address (if available) Monthly Payment or Rent: Length of Time at Phone (daytime/cell for Landlord) Phone (evening Reason for Leaving: **Previous Address** City State Zip Code Landlord Contact/Name: Phone (daytime/cell for Landlord) Phone (evening Landlord E-mail address (if available) Monthly Payment or Rent: Length of Time at Phone (evening Landlord Contact/Name: Phone (daytime/cell for Landlord) Phone (evening Landlord E-mail address (if available) Monthly Payment or Rent: Length of Time at Phone (evening Current Employment Information: Company Name: Full Time Part Time Salary (average Position Title: Employer Address: City State Zi Supervisor Phone: Fax: Length of time at Company: Supervisor Phone: Fax: Previous Company Name: Previous Employment Information: Previous Employment Information: Salary (average Position Title: Salary (average Position Tit	OUR Cell #	Home Phone: E-Mail			:						
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Supervisor/Contact: Supervisor Phone: Fax: Length of time at Company: Supervisor e-mail:	Employer Address:					State		Zip Code			
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	Lamada af Eliza a at C		Supervisor a mail.								
Pageon for Loguing.	Length of time at Company:	Supervisor e-mail:									
reason for Leaving:	Reason for Leaving:										

Automobile/Vehicle Registration									
Driver's License Number:	State	State			License Plate Number:				
Make/Model	Colo	r		Year					
	Ва	nk Information							
Savings Account Yes	No	Bank Name:		City:					
Checking Account Yes	☐ No	Bank Name:		City:					
		REFERENCES:							
(No r	elatives, plea	se; Personal Frie	ends Preferred)						
Name	Addı	ress	Cell &Home Pho	&Home Phone/E-mail Relationship					
IMPORTANT - EMERGENCY CONTACT INFORMATION:									
Emergency Contact Name:	Emergency Contact Name: Home Phone AND Cell Number(s):				Relationship:				
I LEARNED ABOUT THIS APARTMENT THROUGH									
Our Website: (www.TheSchirmFirm.com)									
Chicago Reader – Online Chicago Reader—Print Craig's List Rent.com									
Google Ad Facebook Lincoln Square Chamber Of Commerce Website									
Friend – (Please give Name):									
For Rent Sign Building Walk- By Other – Please Specify:									
THIS APPLICATION IS NOT BINDING ON ANY PARTY									
A \$35.00 NON-REFUNDABLE APPLICATION FEE PER APPLICANT IS REQUIRED TO PROCESS APPLICATION									
** PHOTO ID (Driver's License/State ID) MUST BE PROVIDED AT TIME OF APPLICATION (COPY WILL BE MADE).**									
If a lease-signing occurs: \$500.00 non refundable move in fee for single tenant, \$350.00 per									
tenant (2 or more) and First Rent monies must be paid by either a MONEY ORDER or BANK									
CHECK at time of signing. Personal Checks will not be accepted for first transaction/signing. Cash payments are not accepted at any time.									
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? Yes No If "yes", please explain:									
OFFICE: 7344 N. Western Avenue, Chicago, IL 60645-1814 PHONE: (773) 381-0150 FAX: (773) 381-0630 email: greatapartments@schirmfirm.com WEBSITE: www.TheSchirmFirm.com									
BY SIGNING THIS APPLICATION, I AUTHORIZE CO CRIMINAL REPORTING AGENCIES TO PROVIDE O				AS WELL AS TI	HE USE OF CREDIT AND				
APPLICANT'S SIGNATURE:			DATE:						

Should this application be accepted, the signed Lease and nonrefundable move in fee of \$500.00 for single tenant, \$350.00 each (2 or more) must be remitted to Lessor in Money Order within 2 business days after notification of acceptance by Lessor. Failure to remit may result in a rejection of the application. Should applicant fail to enter into the signed Lease Agreement, Lessor shall retain the nonrefundable move in fee(s) as liquidated damages.