	: Services Lease Applica	ition (v7.15)				
2000 North Racine • Chicago, Illinoi Tel: 773.975.7234 • Fax: 866.853.0 Applicants over 18 must fill out a se Valid state issued ID is required. Pro	341 • <u>Processing@kassmanagement.com</u> parate application		Copy ID Here			
Building						
	Fee \$ Security Dep. \$					
Heat Inc Y / N Pet Fee \$						
Lease Start// Mo/Day/Year Applicant	End / <i>Mo/Day/Year</i>					
Name	Driver License	#	State DOB _			
Current Address	City, State, Z	iip				
Social Security #	Cell Phone #	Home F	hone #			
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, bankr	uptcy, foreclosure or felony convic	ction? <b>Y / N</b> If yes, details			
#Dogs #Cats name, b			, ,			
Employment	*Confirm building's pet policy/weig	nht restriction with your agent, deposit of	r fee may be required. No Pits,	Doberman or Rottweiler's		
	Position	Annual Salary	\$ Hire D	Pate /		
				Mo/Year		
	Supervisor's Phon					
	Source					
Rental History			•			
•	Phone #	Monthly Rent \$	Lease Dates			
	Y/N Reason for Moving		Mo/	Year Mo/Year		
Previous Landlord	Phone #	Monthly Rent \$	ax #			
		•	Lease Dates			
Agreement & Authorization I, the Applicant above, represent to you, Ka apply for and offer to lease the apartment diwritten approval. I understand that, as is cuivany consumer or credit reporting agency en mode of living. The investigation may includitigation/criminal history, habits, and reputa your approval and if my application is not are not a lease and if my application is accepted at anytime as provided by law. At the time cas pre-paid first month's rent. Within 3 busing amounts due in the form of a cashier's checacceptance I fail to complete this transaction apartment which is the subject of this applicactual, punitive or consequential damages.  ANCESTRY, SEXUAL ORIENTATION, MA amount due at the time of signing the lease month's rent or security deposit, I will pay the manner, personal checks, money orders, or and/or waive my right to viewing the unit printer of the proving and have been made for the proving and have been made for the proving application.	LOSURE & NOTICE OF NO AGENCY RELATIONSI  the opportunity to show material depart that my Designated Agent's Broker has previously aware that the previously aware the previously aware that the previously aware the previously aware that the previously aware the previously aware the previously aware that the previously aware that the previously aware that the previously aware the previ	rstand this entire application and I certify that a conditions set forth herein and in your stand Reporting Act, routine inquiries may be made at about me which may include information as cerning you or person(s) intended to reside in present that my rental and credit records are in full. I understand that my \$50.00 credit er understand that providing false information um of 50% of the 1st month's rent is due in or I hereby agree to sign your lease and completo ayment is not made I forfeit my right to hold nagement Services Inc to us as liquidated daily waive any and all rights to seek to recover SCRIMINATE ON THE BASIS OF RACE, CONTRIBUTED THE STATUS, AND SOURCE OF INCOINCLUDE STATUS, AND SOURCE OF INCOINCLUDE CASHIER STATUS, STATU	It all of the information in this applicated lease form. I understand that no concerning my tenancy. I hereby a so to my credit and financial responsing the apartment, number of childrenge in good standing. I understand that check fee is non-refundability in the pre-payment of the first more than the unit I have applied for. I also have unit I have applied for application of the unit I is applied for the unit I is applied to the paying the initial rent and see applicant for the unit listed above.  DVIDED AS REQUIRED BY STAR rence address.	no pets are allowed without prior authorize you, your agents and sibility, general reputation, and n, employment, occupation, at this application is subject to ole. I also understand that this is s for you to terminate that lease in one of the property o		
As a result, my agent will be acting as a rep	oresentative for the: (Tenant/Applicant or Buyer)	X_ (Landlord or Seller of Real Estate.)	Designated Agent	Date		
			KASS Management Service	EQUAL HOUSING OPPORTUNITY		

\_Date\_\_\_

Applicant Signature\_





2000 North Racine • Chicago, Illinois 60614 • Tel: 773.975.7234 • Fax: 866.853.0341 • processing@kassmanagement.com

Sublet and Rel	ets:							
I understand that I am moving into the stated unit in "as-is" condition. Painting, cleaning and other maintenance will not be completed upon move-in by Kass Management. Unless otherwise stated in the lease, I will assume any preexisting conditions in this unit.								
Kass Managem	nent Move-In Policy:							
performed. Upo start. Lessee ur	on move-in Lessee is re nderstands that the mai	be lightly cleaned and nec sponsible for reporting any ntenance staff has up to 14 to prior tenant damage. W	maintenance needs or calendar days after mo	damages that exist in the coving in to patch, paint a	ne unit within 48 hours of lease and clean as needed, if the			
Notes:								
Tenants:								
Signature				Date	:			
Signature	gnature Date:							
Leasing Receip	ot							
Applicant(s)								
Building & Unit # _								
Rent \$								
Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance			
\$ #	\$	\$ #	\$	\$ #	\$			
\$ #	\$	\$ #	\$	\$ #	\$			
\$ #	\$	\$ #	\$	\$ #	\$			
Signature		Date	Signature		Date			
Signature		Date	Signature		Date			