Kass Management Ser 2000 North Racine • Chicago, Illinois 60614		tion (v9.13)				
Tel: 773.975.7234 • Fax: 866.853.0341 • Pl Applicants over 18 must fill out a separate a	rocessing@kassmanagement.com					
Valid state issued ID is required. Pre-Paid r			Copy ID Here			
Building			оору 12 Пого			
Building & Unit #						
Rent \$ Admin Fee \$	Security Dep. \$					
Heat Inc Y / N Pet Fee \$	Non-Refundable					
Lease Start/ E	nd/					
Applicant Mo/Day/Year	Mo/Day/Year					
Name	Driver License #	<b>#</b>	State DOB//			
Current Address	City, State, Zi	g Q				
			Phone #			
•						
	·	·				
·						
	-	uptcy, foreclosure or felony convic	ction? <b>Y / N</b> If yes, details			
#Dogs #Cats name, breed, w	eight *Confirm building's pet policy/weigh	ht restriction with your agent, deposit o	or fee may be required. No Pits, Doberman or Rottweiler's			
Employment						
		•	\$ Hire Date /			
			Fax #			
2 <sub>nd</sub> Employer / Additional Income Source		Monthly Inco	ome / Amount Received \$			
Rental History						
Current Landlord	Phone #	Monthly Rent \$	Lease Dates / /			
Are you currently sharing an apt? Y / N	Reason for Moving					
Previous Landlord	Phone #	Monthly Rent \$	Fax #			
Address, City, State, Zip			Lease Dates / /			
apply for and offer to lease the apartment described written approval. I understand that, as is customary in any consumer or credit reporting agency employed be mode of living. The investigation may include informal titigation/criminal history, habits, and reputation mode your approval and if my application is not accepted, I agree at anytime as provided by law. At the time of application as pre-paid first month's rent. Within 3 business days amounts due in the form of a cashier's check or mon acceptance I fail to complete this transaction, any an apartment which is the subject of this application ava actual, punitive or consequential damages. KASS MANCESTRY, SEXUAL ORIENTATION, MARITAL ST amount due at the time of signing the lease agreeme month's rent or security deposit, I will pay that amour manner, personal checks, money orders, or certified and/or waive my right to viewing the unit prior to com	for the lease term stated, at the rent and on the on the business, in compliance with Fair Credit Rey you to investigate and make or obtain a report attion obtained through personal interviews concept of living and residence verification. I further repeny prepaid rent and/or deposit will be returned in to sign your lease form currently in use. I further ion submittal I hereby understand that a minimust of notification of my applications acceptance, I sey order. I hereby acknowledge that the prepayen of all pre-payments will be forfeited to Kass Manailable at the beginning of the lease term, I hereby ANAGEMENT SERVICES INC. DOES NOT DISTATUS, PARENTAL STATUS, MILITARY DISCINIT in the form of certified funds, which in the cashier's check(s) or money order(s) separate checks will be accepted, however, cash will not pletting this lease transact.	conditions set forth herein and in your stand eporting Act, routine inquiries may be made a about me which may include information a erning 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 or understand that my \$50.00 credit or understand that providing false information of 50% of the 1st month's rent is due in on hereby agree to sign your lease and complayment is not made I forfeit my right to hold agement Services Inc to us as liquidated daily waive any and all rights to seek to recove ICRIMINATE ON THE BASIS OF RACE, CULTARGE STATUS, AND SOURCE OF INCONCLUde cashier's check(s) and motate from any amount required for initial rent be accepted. By signing this application I the	at all of the information in this application is true and correct. I hereby dard lease form. I understand that no pets are allowed without prior econcerning my tenancy. I hereby authorize you, your agents and is to my credit and financial responsibility, general reputation, and in the apartment, number of children, employment, occupation, are in good standing. I understand that this application is subject to the check fee is non-refundable. I also understand that this is in to you in this application is a basis for you to terminate that lease order to hold the apartment, these monies upon approval will be used the pre-payment of the first month's rent and any all other the unit I have applied for. I also hereby acknowledge that if after amages. If for any reason whatsoever you are unable to make the er any damages whatsoever against you, including without limitation, OLOR, SEX, AGE, RELIGION, DISABILITY, NATIONAL ORIGIN, MME. I acknowledge that if this application is approved, I will pay the ney order(s). Further, if that amount due includes the last. After paying the initial rent and security deposit in the above me applicant for the unit listed above verify that I have seen the unit			
Thank you for giving	De that my Designated Agent's Broker has previou	escription of work				
As a result, my agent will be acting as a representative						
Applicant Signature		Date	Management Sorvices Inc.			



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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 readerstands that the mail	be lightly cleaned and neo sponsible for reporting any ntenance staff has up to 14 to prior tenant damage. V	maintenance needs or 4 calendar days after mo	damages that exist in th oving in to patch, paint a	e unit within 48 hours of lease nd clean as needed, if the			
Notes:								
<b>-</b>								
Tenants:								
Signature	nature Date:							
Signature	nature Date:							
	. – – – – – –							
Leasing Receip	ot							
Applicant(s)								
Building & Unit # _								
Rent \$		Admin Fee \$		Application Fee \$				
Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance			
\$ #	\$ 	\$ #	\$ 	\$ #	\$ 			
\$ #	\$	\$ #	\$	\$ #	\$			
\$ #	\$	\$ #	\$	\$ #	\$			
		ne monies I submitted to hold Deposit equal to a month ren						
Signature		Date	Signature		Date			

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