

ANDREWS AND ASSOCIATES 3355 N. Southport Ave, Chgo IL 60657
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APPLICATION FOR LEASE beginning (month / day) _____

DATE: _____

Apt applied for: _____ Monthly Rent \$ _____ Security Deposit \$ _____

Name: _____ Driver's Lic. No.: _____ Date of Birth: _____

Phone: _____ Cell Phone: _____ email address: _____

Present Address: _____ Date Moved In: _____ Lease Ends?: _____

Present Rent: _____ Reason for Leaving: _____

Present Owner or Agent Name: _____ Address: _____ Phone: _____

Former Home Address: _____ From: _____ To: _____

Reason for Leaving: _____

Name of Former Agent or Owner: _____ Address: _____ Phone: _____

Present Employer: _____ Address: _____ Phone: _____

Position Held: _____ Date Employed _____ Salary: _____

Smoker? Check one: no light moderate heavy **note: no smoking policy in the apartment**

Any pets? What kind, how many _____

Name(s) of other people to occupy the Apartment:

Full Name: _____ Relationship: _____ Age: _____

Checking Acct. at: _____ Name on Acct: _____

Charge Account _____ Acct. Number (LAST 4 DIGITS ONLY) _____

2 Personal References (names, addresses, phone no, or email):

The above information is correct.

**NO PETS ALLOWED
WITHOUT WRITTEN
PERMISSION**

Signature of applicant _____