

**ANDREWS AND ASSOCIATES 3355 N. Southport Ave, Chgo IL 60657**  
**cell: 773-914-3355 / 773-856-0765 fax: 773-856-3765 / email: bobandrews.chicago@gmail.com**

APPLICATION FOR LEASE beginning (month / day) \_\_\_\_\_ DATE: \_\_\_\_\_

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

Name: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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 \_\_\_\_\_

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**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**) \_\_\_\_\_

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

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The above information is correct.

Signature of applicant \_\_\_\_\_

**NO PETS ALLOWED  
WITHOUT WRITTEN  
PERMISSION**