Wald Management Co., Inc. 2052 W. Irving Park Road * 773-929-7000 * Fax: 773-929-7001 * www.waldmanagement.com

Application for Apartment Lease

Date:				Building Address:			
\$50.00(Cash)			Apartment#:				
CREDIT REPORT FEE IS NON-REFUNDABLE			Monthly Rent:				
				Lease ter	m to:		
				Security D	eposit Amo	unt: _	
				Starting D	ate:		
Applicant Information							
Name:							
Date of birth:			SSN	:			
The following additional people will occ	upy the apartment:						
Name:	Relationship:					Age:	
Name:	ame:					Age:	
Name:	Relationship:					Age:	
Current Address:							
City:	State:				ZIP C	Code:	
Phone:			Email:				
Own Rent (Please circle)	Monthly payment or	r rent:					How long?
Reason(s) for leaving current property:							
Employment Information							
Current employer:		-					
Employer address:		Date	started:		1 -		How long?
Phone:	E-mail:				Fax:		
City:	State:				ZIP C		
Position:	, ,			Annual income:			
Supervisor:							
Emergency Contact							
Name: Address:							
City:	State:			ZIP Code:			Phone:
Relationship:	State.			ZIF Code.			Filolie.
ixelationship.							
Applicant was first directed to apartmen	nt by:						
I authorize the verification of the information provided on this form as to my credit and employment. I have received a							
copy of this application. The undersigned hereby make(s) application to rent, and offers to execute your standard lease for the above described premises on the terms and conditions therein set forth. Said applicant(s) represent(s) that all the							
information contained herein is true and accurate, and is presented as an inducement to the owner or its agent to approve this application and to further grant said lease. Any false statement or material omission shall render this							
application and any subsequent lease void. Applicant(s) hereby deposits\$							
with agent to be applied toward the security deposit under said lease, and agrees to enter into said lease within five days from date of application approval, or deposit shall be retained by agent as FIXED LIQUIDATED DAMAGES. Deposit shall be refunded if application is not accepted by owner or agent.							
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Signature of applicant:							Date: