

THE APARTMENT CONNECTION  
Phone: 773-612-3528 || Email: apartmentconnect@gmail.com  
Website: www.TheAptConnection.net

Location \_\_\_\_\_

New Lease Terms \_\_\_\_\_ Bedrooms Studio 1 2 3 4

Monthly Rental \_\_\_\_\_ Move in Date \_\_\_\_\_ Mgt CC/Owner \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lic.# \_\_\_\_\_ SSN \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Rent \$ \_\_\_\_\_

Present Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Years at above address \_\_\_\_\_ Are you sharing apt \_\_\_\_\_ How long \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Rent \$ \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer (if less than 2 years) \_\_\_\_\_

Co-applicant/Spouse Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lic.# \_\_\_\_\_ SSN \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Rent \$ \_\_\_\_\_

Present Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Years at above address \_\_\_\_\_ Are you sharing apt \_\_\_\_\_ How long \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Rent \$ \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer (if less than 2 years) \_\_\_\_\_

How many will occupy the apartment? \_\_\_\_\_ Children's ages \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Pets include type/size \_\_\_\_\_

I understand that the deposit on this apartment will be refunded only if management company/owner refuses this application or if the apartment is unavailable. Should the management company/owner accept this application and I cancel, I understand that the deposit shall be used as liquidated damages and will not be returned to me. I further understand that if any of the information given is false or if I have to pay any outstanding balance on the date due, The Apartment Connection will have the right to keep the deposit as liquidated damages. I authorize The Apartment Connection to run a credit check on me and also verify my employment and tenant histories. I understand the credit check fee is non-refundable. The Apartment Connection does not discriminate on the basis of race, religion, gender, medical, familial status or national origin.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant/Spouse Signature