

Landlord Lease Application Packet

Dear Property Owner,

Thank you for the opportunity to coordinate the application process and lease signing for your rental property. Our Processing Department will provide the following:

- Credit information
- Employment verification and past landlord history when possible.
- City of Chicago Residential Landlord and Tenant Ordinance Summary
- Separate Summary of Security Deposits Rights
- Protect Your Family From Lead Based Paint brochure to give to your tenant/s.
- Landlord Lease Application Payment & Processing Form
- If you do not already have a preferred lease, our Processing Department can provide you with samples to choose from

The fee for this package is \$100 per applicant, \$100 per cosigner and \$100 for lease preparation.

** Please email or fax the attached application/s, Consent to Dual Agency Disclosure form signed by both landlord and tenant, along with the Payment & Processing form to Apartment People:

Attention: Annette or Bertha

Email: Processing@apartmentpeople.com

Fax: 773-248-1007

Phone: 773-248-1999



Servicing Property Owners for Over 25 Years





Landlord Lease Application

Payment & Processing Form

Attention: Annette or Bertha

Please begin processing the application/s for the following prospective tenants:

Owner's Name: _____

Tenant Name/s: _____

Address to be Rented: _____
_____, IL _____

Fee for Landlord Lease Application services is \$100 per applicant, \$100 per cosigner and \$100 for lease preparation. Please signify below your method of payment.

I wish to pay by credit card. Amount to be charged: _____

Master Card Visa AmEx Discover (Please circle one)
Credit Card Number: _____ V Code _____
Expiration Date: _____ (3-4 digits on back of card)
Credit Card Billing Address: _____
City, State, Zip: _____
Signature: _____

I wish to pay by check or cash.

APARTMENT PEOPLE does not accept or reject applications by the prospective tenant. It is the sole responsibility of the landlord to accept or reject an application. Lease application service fees are nonrefundable in the event the applicant cancels or is not approved by the owner. Please review the prepared lease, as the owner is ultimately responsible for its contents. APARTMENT PEOPLE is not responsible for false or unverified information. APARTMENT PEOPLE is not an agent for landlord or tenant and cannot be held responsible for any lease terms agreed between landlord and tenant. APARTMENT PEOPLE does not discriminate on the basis of race, color, religion, sex, familial status, national origin, ancestry, handicap, disability, age, marital status, parental status, sexual orientation, transgender status, transsexual status, military status, unfavorable discharge from military service, source of income or any legally protected class.

Owner/s Signature: _____

Print Name: _____

Phone: _____

Email: _____

Fax: _____

Lease Application

Please email or fax this form to:
ATTN: Bertha or Annette
3121 N. Broadway, Chicago IL, 60657
email: processing@apartmentpeople.com
tel: 773.248.1999
fax: 773.248.1007

For: _____
(owner's name)

Date: _____

Address applied for: _____ Unit #: _____ Size: _____ Rent Amount: _____

Lease Term From: _____ To: _____ Owner: _____

Name of Applicant: _____ SS# _____ Birthdate: ____ / ____ / ____

Driver's License #: _____ ST: _____ Telephone #: _____

Email address: _____

Present Address: _____ City, State: _____ Zip: _____

Present Landlord: _____ Landlord's Telephone #: _____

Landlord Address: _____ How Long: _____ Rent: _____

Employer: _____ Telephone #: _____

Business Address: _____ Position: _____ How Long: _____

Monthly Income: _____ Immediate Supervisor: _____

Additional Income/Source: _____

Number to occupy apartment: _____

Pets (include type/size): _____

I hereby authorize APARTMENT PEOPLE to check my credit, landlord and employment history and share that information with the property owner. APARTMENT PEOPLE does not discriminate on the basis of race, color, religion, sex, familial status, national origin, ancestry, handicap, disability, age, marital status, parental status, sexual orientation, transgender status, transsexual status, military status, unfavorable discharge from military service, source of income or any legally protected class. The owner solely reviews, accepts or rejects all applications. APARTMENT PEOPLE does not accept or reject any application. APARTMENT PEOPLE is not responsible for false or unverified information. APARTMENT PEOPLE cannot be held responsible for any lease terms agreed between landlord and tenant or any errors or omissions on the lease.

Applicant Signature

Cosigner Application

For: _____
(owner's name)

Please email or fax this form to:
ATTN: Bertha or Annette
3121 N. Broadway, Chicago IL, 60657
email: processing@apartmentpeople.com
tel: 773.248.1999
fax: 773.248.1007

Co-signer Application For: _____

For Property Located At: _____

Unit #: _____ Rent Amount: \$ _____ Owner: _____

Co-signer's Name: _____ SS#: _____

Address : _____ Birthdate: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Employed By: _____ Phone: _____

Address : _____

Occupation: _____ Monthly Income: _____

Length Of Employment: _____ Supervisor: _____

I hereby authorize APARTMENT PEOPLE to check my credit, landlord and employment history and share that information with the property owner. APARTMENT PEOPLE does not discriminate on the basis of race, color, religion, sex, familial status, national origin, ancestry, handicap, disability, age, marital status, parental status, sexual orientation, transgender status, transsexual status, military status, unfavorable discharge from military service, source of income or any legally protected class. The owner solely reviews, accepts or rejects all applications. APARTMENT PEOPLE does not accept or reject any application. APARTMENT PEOPLE is not responsible for false or unverified information. APARTMENT PEOPLE cannot be held responsible for any lease terms agreed between landlord and tenant or any errors or omissions on the lease.

Applicant Signature



[TO BE EXECUTED AT TIME OF EXECUTION OF ANY OFFER OR CONTRACT TO PURCHASE (OR LEASE)]



CONFIRMATION OF INFORMED CONSENT TO DUAL AGENCY (SAME AGENT TRANSACTION)

Seller Client(s): _____

Buyer Client(s): _____

Broker: _____

Designated Agent (sometimes referred to herein as Licensee): _____

The above named seller and buyer clients previously consented to and authorized Designated Agent to engage in dual agency in accordance with the following:

"The above named Broker and Designated Agent may undertake a dual representation (represent both the seller or landlord and the buyer or tenant) for the sale or lease of your property or properties they may show you. The undersigned acknowledge they were informed of the possibility of this type of representation. Before signing this document, please read the following:

Representing more than one party to a transaction presents a conflict of interest since both clients may rely upon Licensee's advice and the clients' respective interests may be adverse to each other. Licensee will undertake this representation only with the written consent of ALL clients in the transaction.

Any agreement between the clients as to a final contract price and other terms is a result of negotiations between the clients acting in their own best interests and on their own behalf. You acknowledge that Licensee has explained the implications of dual representation, including the risks involved, and understand that you have been advised to seek independent advice from your advisors or attorneys before signing any documents in this transaction.

WHAT A LICENSEE CAN DO FOR CLIENTS WHEN ACTING AS A DUAL AGENT

1. Treat all clients honestly.
2. Provide information about the property to the buyer or tenant.
3. Disclose all latent material defects in the property that are known to Licensee.
4. Disclose financial qualification of the buyer or tenant to the seller or landlord.
5. Explain real estate terms
6. Help the buyer or tenant to arrange for property inspections.
7. Explain closing costs and procedures.
8. Help the buyer compare financing alternatives.
9. Provide information about comparable properties that have sold so both clients may make educated decisions on what price to accept or offer.

WHAT A LICENSEE CANNOT DISCLOSE TO CLIENTS WHEN ACTING AS A DUAL AGENT

1. Confidential information that Licensee may know about the clients, without that client's permission.
2. The price the seller or landlord will take other than the listing price without permission of the seller or landlord.
3. The price the buyer or tenant is willing to pay without permission of the buyer or tenant.
4. A recommended or suggested price the buyer or tenant should offer.
5. A recommended or suggested price the seller or landlord should counter with or accept.

If either client is uncomfortable with this disclosure and dual representation, please let Licensee know. You are not required to sign this document unless you want to allow the Licensee to proceed as a dual agent in this transaction.

By signing below, you acknowledge that you have read and understand this form and voluntarily consent to the Licensee acting as a dual agent (that is, to represent BOTH the seller or landlord and the buyer or tenant) should that become necessary."

Therefore, the undersigned confirm that they have previously consented to the above named Broker and Designated Agent acting as a dual agent in providing brokerage services on their behalf and specifically consent to Designated Agent acting as a dual agent to the transaction referred to in this document.

Seller client(s): _____

Buyer client(s): _____

Date: _____

Date: _____



Name: _____

Address: _____ Unit # _____

I authorize The Apartment People to verify my tenant history.

Applicant's Signature

Date

Attention: Property Manager Please fill out information below for verification

The individual named above has applied for an apartment through our agency.

Please assist us by verifying the following information.

Rent amount for the unit listed above _____

Length of applicant's tenancy _____

Was rent paid consistently Yes No

Verified by: _____ Title: _____ Date: _____

Thank you for your cooperation and prompt response.

Sincerely,

The Apartment People

Processing Department



ApartmentSM
People

Employment Verification

Name: _____

SS# _____

I hereby authorize The Apartment People to verify my employment history.

Applicant's Signature

Date

Attention: Personnel/Human Resources Please fill out information below for verification

The individual named above has applied for an apartment through our agency.
Please assist us by verifying the following information.

The individual named above is employed at _____

Address _____ Phone _____

They have been employed with your company since _____. If they have not started yet,
please indicate start date _____

Approximate annual salary _____.

Information verified by: _____ Title: _____ Date: _____

Thank you for your cooperation and prompt response.

Sincerely,
The Apartment People
Processing Department