

•RENTAL HISTORY VERIFICATION•



CHICAGO APARTMENT PLACE INC.

•APPLICANT'S RESIDENTIAL RENTAL INFORMATION• PLEASE COMPLETE THIS ENTIRE TOP PORTION ONLY & SIGN

TO: \_\_\_\_\_ OF \_\_\_\_\_  
CONTACT PERSON & TITLE LANDLORD'S NAME/MANAGEMENT COMPANY

\_\_\_\_\_  
E-MAIL ADDRESS PHONE # FAX #

I, PRINT APPLICANT/EMPLOYEE NAME CLEARLY hereby authorize **Chicago Apartment Place, Inc.** and its authorized agents to obtain information about my rental history as I am applying for a unit located at PRINT RENTAL ADDRESS HERE

I agree that if my signature is submitted in electronic or digital format, and/or by facsimile or electronic copy, it shall be as valid as an original signature.

\_\_\_\_\_  
APPLICANT'S FULL SIGNATURE DATE (MM/DD/YEAR)

•FOR LANDLORD/MANAGEMENT COMPANY ONLY•

We have received a Rental Application from the individual listed above, who has identified you as his/her current/previous Landlord/Management Company. We would like to ask your cooperation by verifying his/her residential history. Please answer the questions below and return to us as soon as possible via fax or e-mail.

The individual listed above resides/resided in: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_ # of Roommates: \_\_\_\_\_

Did the Applicant pay the monthly rent of \$\_\_\_\_\_ promptly?  Yes  No (if No, please specify # of times below)

Late \_\_\_\_\_ NSF \_\_\_\_\_ Other \_\_\_\_\_

Were any complaints made against Tenant?:  Yes  No (if Yes, please describe in comments)

Did the Tenant keep the unit safe, and clean?:  Yes  No (if Yes, please describe in comments)

Was the unit damaged?:  Yes  No (if Yes, please describe in comments)

Was this unit ever treated for bed-bugs?:  Yes  No (if Yes, please describe in comments)

Would you rent to this person again?:  Yes  No (if Yes, please describe in comments)

Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_  
Print Name and Job Title Sign and Date

Return completed form to: FAX to 773-472-4738 or SCAN/E-MAIL to [LEASING@CHIAPARTMENT.COM](mailto:LEASING@CHIAPARTMENT.COM)

•PHONE VERIFICATION • FOR IN-OFFICE USE ONLY

I, PRINT CHICAGO APARTMENT PLACE, INC. EMPLOYEE NAME certify that on DATE I contacted the above applicant's Landlord/Management Company by telephone and confirmed the above information.

Chicago Apartment Place, Inc. Employee Signature