

•CO-SIGNER LEASE APPLICATION•

Page 1 of 2



CO-SIGNING FOR: _____

RENTAL ADDRESS: _____

•CO-SIGNER APPLICANT INFORMATION• *(Please print clearly)*

LAST NAME, FIRST NAME (MIDDLE INITIAL) BIRTHDATE (MM/DD/YEAR)

DRIVER'S LICENSE # or STATE I.D. # STATE ISSUED SOCIAL SECURITY #

E-MAIL ADDRESS MOBILE PHONE #

PRESENT ADDRESS CITY, STATE ZIPCODE

PERMANENT ADDRESS (If different from PRESENT ADDRESS) CITY, STATE ZIPCODE

•EMPLOYMENT HISTORY• *(Please fill out the Employment Verification as well)*

CURRENT EMPLOYER ADDRESS CITY, STATE ZIPCODE

CONTACT PERSON & TITLE PHONE # SALARY: Yearly, Monthly, Etc.

•OTHER INCOME/ASSETS•

\$ AMOUNT PER: Year, Month, Week, Etc. DESCRIPTION OF INCOME/ASSET: Part-Time Job, Student Loans, Alimony, Etc.

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•CREDIT REFERENCE•

TYPE: Checking, Savings, Credit Card, Money Market, Etc. NAME OF BANK/COMPANY

TYPE: Checking, Savings, Credit Card, Money Market, Etc. NAME OF BANK/COMPANY

•PERSONAL REFERENCES• *(Different from the EMERGENCY CONTACT and from TENANTS/ROOMMATES)*

1. FIRST NAME LAST NAME PHONE # (Mobile, Home, Work)

PRESENT ADDRESS CITY, STATE ZIPCODE

2. FIRST NAME LAST NAME PHONE # (Mobile, Home, Work)

PRESENT ADDRESS CITY, STATE ZIPCODE

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Page 2 of 2



Chicago Apartment Place, Inc. ("Landlord") relies on the information provided above to be complete and accurate in order to act on the application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as grounds for rejection of the application.

I hereby apply to co-sign the apartment, parking, or storage lease for the unit described herein. I warrant that all of the information in this application is true, complete and accurate, and agree to submit to Landlord valid photo identification. I hereby submit to Landlord an application fee of \$75.00 and understand that such fee is not refundable under any circumstances.

By signing this application, I authorize Landlord, through its employees and/or the use of any consumer reporting and/or screening agencies, to verify my credit and validate the accuracy of all information provided herein. In compliance with the Fair Credit Reporting Act, I understand that a consumer report will be made which may include information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. I also understand that the nature and scope of the investigation requested may include information obtained through personal interviews, including employment, residence verification and rental history. Further, my signature authorizes Landlord to access my consumer report in the event of default of the Lease Agreement for collection or skip tracing purposes.

I understand that Landlord may report information about my account to credit bureaus, such as late payments, missed payments, or other defaults on my account and that such information may be reflected in my credit report.

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.

CO-SIGNER'S FULL SIGNATURE

DATE (MM/DD/YEAR)



•EMPLOYMENT VERIFICATION•

•CO-SIGNER'S EMPLOYMENT INFORMATION• PLEASE COMPLETE THIS ENTIRE TOP PORTION ONLY & SIGN

TO: _____ OF _____
CONTACT PERSON & TITLE CURRENT EMPLOYER/COMPANY NAME
E-MAIL ADDRESS _____ PHONE # _____ FAX # _____
ADDRESS _____ CITY, STATE _____ ZIPCODE _____

I, PRINT CO-SIGNER/EMPLOYEE NAME CLEARLY hereby authorize **Chicago Apartment Place, Inc.** and its authorized agents to obtain information from my Employer to verify my Employment as I am applying to be a co-signer for a unit located at PRINT RENTAL ADDRESS HERE

CO-SIGNER'S FULL SIGNATURE

DATE (MM/DD/YEAR)

•EMPLOYER SECTION ONLY•

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

The individual listed above is currently employed: Full-Time Part-Time Other: _____

Salary: \$ _____ per _____ # of hours per week _____ Date of Hire: _____

Job Title: _____ Probability of continued employment: _____

Comments (i.e. Bonuses/Commission, Etc.): _____

Completed By: _____
Print Name and Job Title Date & Sign

Return completed form to: FAX to 773-472-4738 or SCAN/E-MAIL to 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 co-signer's employer by telephone and confirmed the above information.

Chicago Apartment Place, Inc. Employee Signature