

The Legend Group

1306 Waukegan Rd. #200
Glenview, IL 60025
Phone # 773-327-6100
Fax # 773-327-6111



APPLICATION FOR RESIDENCY

Please Print Clearly

Date of Application: _____ **Property Applying For:** _____

How many Bedrooms? _____ **Move-In Date:** _____

APPLICANT(S) INFORMATION

Last Name: _____ First: _____ Middle Initial: _____ Phone: _____

Birthdate: _____ Social Security Number: _____ DL Number _____

E-Mail Address: _____ Best way to reach you: _____

Spouse's Last Name: _____ First: _____ Middle Initial: _____ Phone: _____

Birthdate: _____ Social Security Number: _____ DL Number _____

E-Mail Address: _____ Best way to reach you: _____

RESIDENCE HISTORY:

Address: _____ City, State, Zip: _____ Rent | Own _____

Monthly Payment: \$ _____ Years?: _____ Landlord: _____ Phone: _____

Previous Address: _____ City, State, Zip: _____ Rent | Own _____

Previous Landlord: _____ Phone: _____

EMPLOYMENT HISTORY:

Employer: _____ Contact Person: _____ Their Title: _____

Phone #: _____ Employer Address: _____ City, State, Zip: _____

Your Position: _____ How long?: _____ Salary: \$ _____

Previous Employer: _____ Phone #: _____ How long?: _____ Salary: \$ _____

Spouse's Employer: _____ Contact Person: _____ Their Title: _____

Phone #: _____ Employer Address: _____ City, State, Zip: _____

Your Position: _____ How long?: _____ Salary: \$ _____

Additional Income: \$ _____ Explain: _____

ADDITIONAL INFORMATION:

How many people to occupy the apartment? _____ Adults: _____ Children: _____

Children's Name(s): _____ Age(s): _____

PET INFORMATION: Type: _____ Breed: _____ Weight: _____ Age: _____

There is only one dog or two cats allowed per apartment. Ask for breed restrictions. Fees apply.

In Emergency Notify: _____ Phone: _____ Relationship: _____

Address: _____ E-mail Address: _____

I represent to you that I have read this entire application and that all of the above information hereon is true and correct. I further represent that my rental and credit records are in good standing with no judgements or liens against me. I also agree that if I am accepted and fail to complete this transaction by signing your lease and paying the appropriate funds, my entire administration fee will be forfeited to you. I understand that this application is subject to your approval, and if my application is not accepted, my administration fee will be returned in full. I agree to be bound by the rules and regulations of the building. I understand that waterbeds are not allowed. **I understand that my \$40 credit check fee (\$20 for additional applicants) is non-refundable.** I also understand that this is not a lease and should my application be accepted, I agree to sign your lease form currently in use. If for any reason whatsoever, you are unable to make the apartment, which is the subject of this application, available at the beginning of the lease term, I hereby waive any and all rights actual, punitive or consequential damages.

IT IS POLICY NOT TO DISCRIMINATE RENTALS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, ANCESTRY, AGE, SEX, FAMILIAL STATUS, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, MILITARY HISTORY OR SEXUAL ORIENTATION.

I hereby authorize my employer/landlord to release any information to The Legend Group for the purpose of processing my lease application. I also authorize The Legend Group to perform a criminal background check.

Payment Method. Check one. _____ Cash _____ Check/Money Order

Applicant Signature

Applicant Signature

FOR OFFICE USE ONLY: CHECK IF ON WAITLIST | Waitlist Expiration Date (if needed): _____

Requested Move-in Date: _____ Rental Amount: \$ _____

Non-Refundable Administrative Fee: \$ _____ Pet Fee: \$ _____ Pet Rent: \$ _____

Property Name: _____

Apartment Address: _____ Unit # _____

Lease Start Date: _____ Lease End Date: _____

Application Submitted Date and Time: _____ Application Result: _____

Management Representative Signature: _____ Date: _____

