

MTD Property Management, Inc.

4505 N. Lincoln Ave · Chicago, Illinois 60625 · Phone 773 - 290 - 1100 Fax 773 - 290 - 1101

www.mtdpropertymanagement.com

LEASE TERMS

Property Address:		Apartment Number:	
Monthly Rent:	Parking Rent: N/A	Security Deposit: Pre-Paid Rent: Circle one	Non-Refundable PET FEE: \$
Lease Term From:		To:	

PERSONAL INFORMATION – GUARANTOR INFORMATION

Full Name:	
Cell Phone Number:	Other Contact Number:
E-Mail Address:	
Social Security Number:	Driver's License Number:
Birth Date:	

ADDRESS AND LANDLORD INFORMATION

Current Address (with zip code)	
Monthly Rent:	Lease Expiration Date:
Landlords Name:	Landlords Telephone:
How long at current address?	Reason for leaving?
Previous Address (with zip code)	From: To:
Previous Landlords Name:	Previous Landlords Telephone:

EMPLOYMENT AND INCOME INFORMATION

Company Name:	Position:
Address:	Telephone:
How long at current position?	MONTHLY Salary: \$
Supervisor's Name* <small>This person should have authority to give you an employment reference</small>	Supervisors Telephone:
Additional Sources of Income:	

ADDITIONAL INFORMATION

Please list all other persons who will reside in the apartment, including children:

Name	Relationship	Age	Social Security Number

DO YOU HAVE PET(S)? _____ HOW MANY? _____

LIST ALL PETS? _____

Person to notify in case of an emergency:	
Relationship:	Address:
Home Phone:	Work Phone:

APPLICATION AGREEMENT

To secure this apartment I understand I must leave payment in an amount equal to one month's rent and a \$45.00 credit check fee in the form a check, cash, money order or cashier's check, made payable to MTD.

WITH THIS PAYMENT IN THE AMOUNT OF ONE MONTH'S RENT I INDICATE MY DESIRE TO LEASE THE ABOVE STATED APARTMENT. I UNDERSTAND AND AGREE I AM ACCEPTING THIS OFFER TO LEASE THE APARTMENT, UNDERSTAND AND AGREE THAT THIS MONEY WILL BE IMMEDIATELY DEPOSITED ON THE NEXT BUSINESS DAY AND APPLIED AS THE FIRST MONTH'S RENT OF THE LEASE. I FURTHER UNDERSTAND THAT THIS MONEY IS FORFEITED IF I DECIDE NOT TO LEASE THE ABOVE APARTMENT. I UNDERSTAND MY PAYMENT IN THE AMOUNT OF ONE MONTH'S RENT IS REFUNDED TO ME ONLY IF MY APPLICATION IS REJECTED *** _____ ←=====TENANT MUST INITIAL -TENANT'S INITIAL INDICATES COMPLETE AND TOTAL UNDERSTANDING OF ABOVE PARAGRAPH.***

APPLICANT OR CO-SIGNER CONSENT

With this \$45.00 per person credit check fee, I declare that all information provided on this application is true. I hereby authorize MTD Property Management, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release MTD Property Management, Inc., and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

I understand that should I lease an apartment, MTD Property Management, Inc., and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

CONSUMER AUTHORIZATION FOR RELEASE OF EMPLOYMENT AND INCOME INFORMATION

I authorize MTD Property Management, Inc., to request and obtain confirmation of employment and income directly from any past or current employer and from records maintained by any third party, including without limitation (i) TALX Corporation and (ii) any federal and state records, including those of state employment security agencies. Authorization to query state employment security agency records is for this transaction only and continues in effect for the maximum period permitted by state law, not to exceed (1) year.

ACKNOWLEDGEMENT OF MONEY PAID AND DUE

- I understand that the \$45.00 credit check fee is not a deposit; it is a non-refundable fee to check credit.
- I understand that the lease signing for this apartment must occur in four days after credit has been approved. If the lease is not signed within four days, I understand the next application will be processed and I will forfeit all money paid.
- I FURTHER UNDERSTAND THAT **AT THE TIME OF THE LEASE SIGNING I WILL REMIT AN AMOUNT EQUAL TO _____ TO BE APPLIED AS EITHER THE LAST MONTH'S RENT OR ADDITIONAL SECURITY DEPOSIT.**

MTD Property Management, Inc. reserves the right to require the following information at the time of lease signing:

- Driver's license and social security card for all persons to reside in the apartment over the age of 16 years
- Proof of income in the form of pay stubs for period 30 days prior to application and/or w-2 form for previous year

APPLICANT'S SIGNATURE: _____ DATE: _____

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LANDLORD REFERENCE

Please sign and submit this form to your landlord. Once completed, it may be faxed back to our office to expedite the approval process. Feel free to contact our office with any questions.

Address/Unit Applied For: _____

Name of Applicant: _____

I hereby authorize my landlord to release the following information to MTD Property Management, Inc. for the purpose of processing my lease application.

X _____
Applicant's Signature Date

Current Address (w/ Apt. #) _____

Information below to be completed by the landlord regarding the above applicant. Please print.

Date of Lease Expiration: _____

Has Tenant given notice of intention to move? YES NO

Does/Did the tenant pay their rent on time? YES NO

Has the tenant ever been more than 30 days delinquent? YES NO

Would you rent to tenant again? YES NO

Additional Comments:

Name of Person completing this Form: _____

Signature of person completing form: _____

We appreciate your prompt attention to this request as approval for this tenant is pending your response.
Please fax this completed form to 773-290-1101.

Thank you for your assistance.
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EMPLOYMENT VERIFICATION

Please sign and submit this form to your employer. Once completed, it may be faxed back to our office to expedite the approval process. Feel free to contact our office with any questions.

Address/Unit Applied For: _____

Name of Applicant: _____

I hereby authorize my employer to release the following information to MTD Property Management, Inc. for the purpose of processing my lease application.

X _____
Applicant's Signature Date

Information below to be completed by the employer regarding the above applicant. Please print.

Job Title/ Position: _____

Annual Salary: _____

Date Hired: _____

For Hourly Employees

Number of Hours Worked Each Week: _____ Hourly Wage: _____

Supervisors Name: _____ Supervisor's Phone: _____

Name of Person Completing this Form: _____

Your Position: _____

Signature of Person Completing this Form: _____

Comments: _____

We appreciate your prompt attention to this request as approval for this tenant is pending your response.

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Thank you for your assistance.

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