

# Application for Tenancy

OWNER: WEBSTER RENTAL, LLC  
1030 N State St. Unit 48E, Chicago, IL 60610  
Phone (414) 881-8799

MANAGEMENT COMPANY: BUILDING HELPERS, LLC  
P.O. Box 18172, Milwaukee, WI 53218  
Phone: 262-617-6993

## TO BE COMPLETED BY LEASING AGENT

PROPERTY ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ LEASE IS \_\_\_\_\_ MONTHS RENT COMMENCES \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTHLY RENT \$ \_\_\_\_\_ SECURITY DEPOSIT \$ \_\_\_\_\_ APPLIANCES (ex. laundry) INCLUDED  YES  NO APPLICATION FEE \$ \_\_\_\_\_  
INDOOR/OUTDOOR PARKING \_\_\_\_\_ \$ \_\_\_\_\_ SPACE TENANT PAYS  HEAT  GAS  ELECTRICITY  CITY SERVICES\*

**ALL APPLICANTS/COSIGNERS MUST COMPLETE - Each individual over 18 years of age must submit separate application**

FULL NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
LAST FIRST MIDDLE

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ MOBILE PHONE # \_\_\_\_\_ LEAD TENANT? Y/N \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ HAVE YOU EVER BEEN EVICTED?  YES  NO IF STUDENT, WHAT IS G.P.A.? \_\_\_\_\_

FULL-TIME STUDENT  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_ SOURCE OF SCHOOL FUNDING \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ NUMBER OF ADULTS TO LIVE IN APARTMENT \_\_\_\_\_ NUMBER OF CHILDREN TO LIVE IN APARTMENT \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ TOTAL APARTMENT RENT \$ \_\_\_\_\_  
ADDRESS CITY STATE ZIP

LANDLORD \_\_\_\_\_ Name ADDRESS CITY STATE ZIP Phone

LEASE FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ PROPER NOTICE TO VACATE?  YES  NO REASON FOR LEAVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ TOTAL APARTMENT RENT \$ \_\_\_\_\_  
(If less than one year at current) ADDRESS CITY STATE ZIP

LANDLORD \_\_\_\_\_ Name ADDRESS CITY STATE ZIP Phone

LEASE FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ PROPER NOTICE TO VACATE?  YES  NO REASON FOR LEAVING \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ Name ADDRESS CITY STATE ZIP Phone

DATES THERE \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ GROSS MONTHLY INCOME \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Name ADDRESS CITY STATE ZIP Phone  
(If less than one year at current)

DATES THERE \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

IN CASE OF EMERGENCY & CO-SIGN. E-MAIL ADDRESS: \_\_\_\_\_ NAME/RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY STATE ZIP Phone

WHERE DO YOU BANK \_\_\_\_\_ CHECKING SAVINGS OTHER

YOUR AUTO \_\_\_\_\_ HOW DID YOU HEAR ABOUT APARTMENT? UWM Site  YARD SIGN  TENANT  CIRCLE 1- ZILLOW/TRULIA/CRAIGSLIST  
MODEL YEAR COLOR LICENSE PLATE

If accepted, I hereby agree to enter into a lease as agreed or at least to rent the apartment on a month to month basis with a 60 (sixty) day notice to terminate tenancy. If I refuse to accept the apartment after this application is accepted, my deposit may be used to pay the Lessor's damages. I have been shown a copy of the lease, the Non-Standard Rental Provisions and the Rules and Regulations to be used and authorize current and future checking of my credit for the purpose of approval of this application and future collections. I authorize forwarding of my personal information to utility companies for billing.

The Lessor shall be allowed sufficient time to check credit references before returning the earnest money deposit, but in no case more than 21 calendar days after the acceptance of the earnest money. I authorize any previous landlord to release any information pertinent to my previous rental experiences.

I have 7 days after occupancy to inspect the dwelling unit and notify the Lessor of any pre-existing damages or defects and may request in writing a list of physical damage or defects, if any, charged to the previous tenants security deposit.

If this application is for the sublet tenancy, i.e. replacing a current tenant, I agree to assume any unsatisfied security deposit liabilities, which have occurred since the inception of the original lease.

\* When City Services, which includes, but not limited to water and sewer are not individually metered, the buildings bill shall be prorated by the number of units in the building. City Service charges shall be considered as rent.

**NO PETS ALLOWED**

(X)

(Tenant/Cosigner)