

CHICAGO APARTMENT PLACE INC.

RESIDENT VERIFICATION

TO: _____ DATE: _____
(Landlord/Management Company)

PHONE: _____ FAX: _____

TO WHOM IT MAY CONCERN:

I authorize you to disclose the information requested below to Chicago Apartment Place. I would appreciate the return of this form as soon as possible in order to complete my application process for an apartment. Thank you for your cooperation.

Resident Name: _____ has applied for an apartment with

Chicago Apartment Place, Inc. at: _____

Resident Current/Previous Address: _____

(Resident Signature)

(Date)

NOTE: LANDLORD SHOULD FILL OUT THIS PORTION & SIGN BELOW

RESIDENT NAME: _____

RESIDENT ADDRESS: _____

LEASE TERM: FROM: _____ TO: _____

RENT \$ _____ NUMBER OF ROOMMATES _____
(IF APPLICABLE)

PAYMENT HISTORY (INDICATE HOW MANY TIMES FOR LATE & NSF):

PROMPT _____ LATE _____ NSF _____

DID THE RESIDENT KEEP THE UNIT SAFE, CLEAN AND SANITARY? NO/YES

WAS THE UNIT DAMAGED? NO/YES

WOULD YOU RENT TO THIS PERSON AGAIN? NO/YES

THIS FORM COMPLETED BY: _____
(PRINT NAME)

(LANDLORD/MANAGEMENT CO. SIGNATURE)

Date

Chicago Apartment Place, Inc. Inter Office:

Phone Verification: I certify that on _____ I contacted the above applicant's landlord/management co. by telephone and confirmed the above information.

Chicago Apartment Place, Inc. Employee Signature