Kass Management Services Lease Application

2000 North Racine • Chicago, Illinois 60614
Tel: 773.975.7234 • Fax: 866.853.0341
Applicants over 18 must fill out a separate application
Valid state issued ID is required. Pre-Paid rent is required to hold unit
Tel: 773.975.7234 • Fax: 866.853.0341 • processing@kassmanagement.com

Copy ID Here

Building

Building & Unit # _____

Rent $ _____ Move in Fee $ _____ Security Dep. $ _____
Non-Refundable

Heat Inc **Y / N** Pet Fee $_____

Lease Start _____/_____/_____ End _____/_____/_____
Mo/Day/Year *Mo/Day/Year*

Applicant

Name _____ Driver License # _____ State _____ DOB _____/_____/_____

Current Address_____ City, State, Zip _____

Social Security # _____-_____-_____ Cell Phone # _____ Home Phone # _____

E-Mail _____How did you find out about this apt? _____

#Adult occupants___ #Children___ Names and ages of ALL occupants _____

Have you ever been party to ANY litigation including civil suit, eviction, bankruptcy or foreclosure? **Y / N** If yes, details_____

#Dogs ____ #Cats ____ name, breed, weight _____
**Confirm building's pet policy/weight restriction with your agent, deposit or fee may be required. No Pits, Doberman or Rottweiler's*

Employment

Current Employer _____ Position _____ Annual Salary $ _____ Hire Date _____/_____
Mo/Year

Address _____ Phone # _____ Fax # _____

Supervisor _____ Supervisor's Phone # _____

2nd Employer / Additional Income Source _____ Monthly Income / Amount Received $ _____

Rental History

Current Landlord _____ Phone # _____ Monthly Rent $ _____ Lease Dates _____/_____ - _____/_____
Mo/Year *Mo/Year*

Are you currently sharing an apt? **Y / N** Reason for Moving _____Fax # _____

Previous Landlord _____ Phone # _____ Monthly Rent $ _____ Fax # _____

Address, City, State, Zip _____ Lease Dates _____/_____ - _____/_____
Mo/Year *Mo/Year*

Agreement & Authorization

I, the Applicant above, represent to you, Kass Management Services Inc. that I have read and understand this entire application and I certify that all of the information in this application is true and correct. I hereby apply for and offer to lease the apartment described for the lease term stated, at the rent and on the conditions set forth herein and in your standard lease form. I understand that no pets are allowed without prior written approval. I understand that, as is customary in the business, in compliance with Fair Credit Reporting Act, routine inquiries may be made concerning my tenancy. I hereby authorize you, your agents and any consumer or credit reporting agency employed by you to investigate and make or obtain a report about me which may include information as to my credit and financial responsibility, general reputation, and mode of living. The investigation may include information obtained through personal interviews concerning you or person(s) intended to reside in the apartment, number of children, employment, occupation, litigation/criminal history, habits, and reputation mode of living and residence verification. I further represent that my rental and credit records are in good standing. I understand that this application is subject to your approval and if my application is not accepted, my prepaid rent and/or deposit will be returned in full. I understand that my $50.00 credit check fee is non-refundable. I also understand that this is not a lease and if my application is accepted, I agree to sign your lease form currently in use. I further understand that providing false information to you in this application is a basis for you to terminate that lease at any time as provided by law. At the time of application submittal I hereby understand that a minimum of 50% of the 1st month's rent is due in order to hold the apartment, these monies upon approval will be used as pre-paid first months rent. Within 5 days of notification of my applications acceptance, I hereby agree to sign your lease and complete the pre-payment of the first months rent in the form of a cashiers check or money order. I hereby acknowledge that if the pre-payment is not made I forfeit my right to hold the unit I have applied for. I also hereby acknowledge that if after acceptance I fail to complete this transaction, any and all pre-payments will be forfeited to Kass Management Services Inc to us as liquidated damages. 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 to seek to recover any damages whatsoever against you, including without limitation, actual, punitive or consequential damages. KASS MANAGEMENT SERVICES INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, DISABILITY, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, MARITAL STATUS, PARENTAL STATUS, MILITARY DISCHARGE STATUS, AND SOURCE OF INCOME. I acknowledge that if this application is approved, I will pay the amount due at the time of signing the lease agreement in the form of certified funds, which include cashiers check(s) and money order(s). Further, if that amount due includes the last month's rent or security deposit, I will pay that amount in cashiers check(s) or money order(s) separate from any amount required for initial rent. After paying the initial rent and security deposit in the above manner, personal checks, money orders, or certified checks will be accepted, however, cash will not be accepted. By signing this application I the applicant for the unit listed above verify that I have seen the unit and/or waive my right to viewing the unit prior to completing this lease transact.

AGENCY DISCLOSURE & NOTICE OF NO AGENCY RELATIONSHIP• THIS DISCLOSURE IS BEING PROVIDED AS REQUIRED BY STATE LAW

Thank you for giving _____ the opportunity to show me the available apartment at the above reference address.
Designated Agent *Description of work*

I am acknowledging and have been made fully aware that my Designated Agent's Broker has previously entered into a contract with a client to provide certain real estate brokerage services.

As a result, my agent will be acting as a representative for the: ____ (Tenant/Applicant or Buyer) __X__ (Landlord or Seller of Real Estate.) Designated Agent _____ Date _____

Kass Management Services Inc.

EQUAL HOUSING OPPORTUNITY

Applicant Signature_____**Date**_____

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Sublet and Relets:

_____I understand that I am moving into the stated unit in "as-is" condition. Painting, cleaning and other maintenance will not be completed upon move-in by Kass Management. Unless otherwise stated in the lease, I will assume any preexisting conditions in this unit.

Kass Management Move-In Policy:

I (Lessee) understand that this unit will be lightly cleaned and necessary maintenance to bring the unit to move-in ready condition will be performed. Upon move-in Lessee is responsible for reporting any maintenance needs or damages that exist in the unit within 48 hours of lease start. Lessee understands that the maintenance staff has up to 14 calendar days after moving in to patch, paint and clean as needed, if the apartment is in disarray at move in due to prior tenant damage. When applicable, all moving in will be done through the rear of the building.

Notes:

_____

_____

_____

_____

Tenants:

Signature _____ Date: _____

Signature _____ Date: _____

Leasing Receipt

Applicant(s) _____

Building & Unit # _____

Rent $ _____		Move-In Fee $ _____		Application Fee $ _____	
Amount Paid	Balance	Amount Paid	Balance	Amount Paid	Balance
$ _____ #_____	$ _____	$ _____ #_____	$ _____	$ _____ #_____	$ _____
$ _____ #_____	$ _____	$ _____ #_____	$ _____	$ _____ #_____	$ _____
$ _____ #_____	$ _____	$ _____ #_____	$ _____	$ _____ #_____	$ _____

When applicable, I hereby understand that the monies I submitted to hold the apartment, upon approval will be applied toward my first month's rent.
I also acknowledge that a minimum Security Deposit equal to a month rent + $100 will be due at lease signing. Intl X _____

Signature_____ Date _____ Signature_____ Date _____

Signature_____ Date _____ Signature_____ Date _____