

**OKONSKI CORPORATION**  
535 W. Briar Place, Chicago, IL 60657  
(847) 441-5588 or (773) 975-7780  
FAX (773) 935-5588  
WWW.APARTMENTSCHICAGO.COM

**APARTMENT APPLICATION**  
Please answer all questions

Date: \_\_\_\_\_

Address of Apartment: \_\_\_\_\_ Apt. Number # \_\_\_\_\_ Studio

One Bedroom

Lease Term From: \_\_\_\_\_ To: \_\_\_\_\_

Two Bedroom

Monthly Rent: \$ \_\_\_\_\_ Security Deposit Required: \$ \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Current Landlord or Agent: \_\_\_\_\_ Phone # \_\_\_\_\_

Time at Current Address: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ How Long: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Per Hour or Annual Immediate Supervisor/Phone: \_\_\_\_\_

Nearest Relative (In Case of Emergency): \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is Rental Parking Needed: Yes  No  Automobile Make: \_\_\_\_\_

Covered or Uncovered Preference: \_\_\_\_\_ License Plate #: \_\_\_\_\_

How Did You Learn About Apartment? Internet  Sign on Door  Newspaper  Other: \_\_\_\_\_

How Many People Will Live In the Apartment? \_\_\_\_\_

# of Adults (18 years or older) \_\_\_\_\_ # of Children \_\_\_\_\_ Children's Ages: \_\_\_\_\_

**EACH APPLICATION MUST INCLUDE A \$50.00 CASH FEE FOR CREDIT VERIFICATION. CREDIT FEE IS NON-REFUNDABLE.**

I understand that the security deposit will be refunded only if the application is rejected by the management company/owner. The security deposit made can be used as liquidated damages should I change my mind or if the information provided is false. I hereby authorize Okonski Corporation to complete a credit check on me. The credit fee is non-refundable.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature