

# Apartment Application for Chalmers Development

1840 N. Orleans St.  
Chicago, IL 60614  
312 397-1700  
312 397-1701 fax

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Phone Number: Office \_\_\_\_\_ Email \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

Employer:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

I understand that there is a fee required to check my background. Further, this fee does not obligate Chalmers Development (CDC) to rent the apartment to me. I authorize CDC to run a credit check, verify my employment and tenant history.

x \_\_\_\_\_ date \_\_\_\_\_