

Rany Management, LLC
1950 West Montrose Avenue
Chicago, Illinois 60613
Phone: 773-728-9000
Fax: 773-334-2700
Email: office@ranymanagement.com

Apt# _____
Move In _____
Rental Rate _____
Security Deposit _____
Occupancy From _____ To _____

APPLICATION FOR RENTAL

1. Name: _____ Social Security #: ____ - ____ - ____ Birth Date: _____
Drivers License #: _____ State: _____ Current Phone #: () _____
Current Home Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
2. Current Landlord: _____ Phone: () _____ Rent: _____ /month
Length of Tenancy: _____ Reason for Leaving: _____
3. Current Employer: _____ Job Title: _____
Address of Employment: _____ City: _____ State: _____ Zip: _____
Work Phone: () _____ Salary: \$ _____ / month How Long: _____
4. Former Home Address: _____ City: _____ State: _____ Zip: _____
Former Landlord: _____ Landlord Phone: () _____
Former Rent: _____ /month Length of Tenancy: _____
5. Spouse's Name: _____ Social Security #: ____ - ____ - ____ Birth Date: _____
Drivers License #: _____ State: _____ Current Phone #: () _____
6. Spouse's Employer: _____ Job Title: _____
Address of Employment: _____ City: _____ State: _____ Zip: _____
Work Phone: () _____ Salary: \$ _____ / month How Long: _____
7. Nearest Relative In Case of Emergency: _____ Phone#: () _____
8. Pet(s) : Breed: _____ Weight: _____ Age: _____
9. The Following People And No Others Will Occupy The Designated Apartment:
Name: _____ Relation: _____
Name: _____ Relation: _____
Name: _____ Relation: _____

NO DOGS, CATS OR OTHER PETS WILL BE BROUGHT INTO THIS APARTMENT WITHOUT THE PRIOR WRITTEN PERMISSION AND AGREEMENT WITH THE LESSOR. I (WE) HAVE NEVER BEEN EVICTED FROM ANY APARTMENT NOR AM I (ARE WE) NOW IN THE PROCESS OF BEING EVICTED. I AGREE TO THE \$50.00 (CASH/CHECK) OR \$51.00 (DEBIT/CREDIT) FEE PER PERSON FOR A CREDIT CHECK WHICH IS NON-REFUNDABLE.

APPLICANT'S SIGNATURE: _____ DATE: _____

Rany Management
1950 W. Montrose Avenue
Chicago, Illinois 60613
tel: (773) 728-9000
fax: (773) 334-2700
email: office@ranymanagement.com

LANDLORD Verification Request

The person(s) below has/have applied for an apartment within our building.
Please complete the verification as soon as possible and return.
Should you have any questions, please contact us at (773)728-9000. Thank you!

****APPLICANT: Please fill out top section and return to Rany Management****

Applicant: _____ Date: _____

Address to be verified: _____ Apt #: _____

City: _____ State: _____ Zip: _____

I authorize release of my current/prior landlord/management company information to Rany Management.

Applicant Signature: _____ **Date:** _____

Monthly Rent: _____ Verified by: _____

Move in Date: _____ Verified by: _____

Length of Tenancy: _____ Verified by: _____

To be completed by Landlord or Management:

Was lease fulfilled? : Yes ____ No ____ Proper Notice Given? : Yes ____ No ____

Is Rent Due Current? : Yes ____ No ____

How many late payments? : _____ Legal Proceedings Filed: Yes ____ No ____

Did resident have pets? : Yes ____ No ____ How many? : _____

Was unit left clean? : Yes ____ No ____

Noise Complaints : Yes ____ No ____

Would you re-rent to this person? : Yes ____ No ____

Additional Comments: _____

Verified by: _____ **Title:** _____

Signature: _____ **Date:** _____

Please complete and return via email at office@ranymanagement.com or fax to (773)334-2700.

Thank you.