



HAPPY DWELLINGS

1451 W. Oakdale Ave.
Chicago, IL 60657

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rental@happydwellings.com

773-529-8482 (office)
253-498-8902 (fax)

Notice*: All Occupants over 18 years of age must complete a separate application.

The undersigned hereby makes application to rent unit number _____

located at _____ Lease Start Date: _____ Lease End Date: _____ Rent: ____/ month

PLEASE TELL US ABOUT YOURSELF	
FULL NAME _____	Day Phone: _____
Date of Birth _____ Social Security No. _____	Driver's Lic. No & State _____
EVENING PHONE: _____ Other Phone: _____	Email: _____
<i>*Each Applicant must complete a separate application.</i>	
Names of All Other Occupants: _____	How Many Pets Do You Or Other Occupants Own? _____
_____	Kind of Pet, Breed, Weight, and Age: _____
_____	_____
Total Number of Occupants: _____	Pets are considered on a case-by-case basis only
PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (BEGIN WITH MOST CURRENT)	
CURRENT ADDRESS: _____ City _____ ST _____ Zip _____	
Move-In Date: _____ Lease Expiration Date: _____	Move-Out Date: _____
Reason For Leaving: _____	Monthly Rent: _____
Landlord/Agent Name(s): _____	Landlord/Agent's Address: _____
Landlord/Owner/Agent's Phone: _____	Landlord/Owner/Agent's FAX #: _____
PREVIOUS ADDRESS: _____ City _____ ST _____ Zip _____	
Move-In Date: _____ Lease Expiration Date: _____	Move-Out Date: _____
Reason For Leaving: _____	Monthly Rent: _____
Landlord/Agent Name(s): _____	Landlord/Agent's Address: _____
Landlord/Owner/Agent's Phone: _____	Landlord/Owner/Agent's FAX #: _____
PREVIOUS ADDRESS (If within 3 yrs): _____ City _____ ST/Zip _____	
Move-In Date: _____ Lease Expiration Date: _____	Move-Out Date: _____
Reason For Leaving: _____	Monthly Rent: _____
Landlord/Agent Name(s): _____	Landlord/Agent's Address: _____
Landlord/Owner/Agent's Phone: _____	Landlord/Owner/Agent's FAX #: _____
PLEASE GIVE YOUR EMPLOYMENT INFORMATION	
CURRENT EMPLOYER: _____	EMPLOYER'S ADDRESS: _____
Employer's Phone: _____	Employer or Human Resources Dept Fax #: _____
Dates of Employment: From: _____ To: _____	Position: _____
Supervisor: _____	Gross Annual Salary: \$ _____
PREVIOUS EMPLOYER: _____	EMPLOYER'S ADDRESS: _____
Employer's Phone: _____	Employer or Human Resources Dept Fax #: _____
Dates of Employment: From: _____ To: _____	Position: _____
Supervisor: _____	Gross Annual Salary: \$ _____

