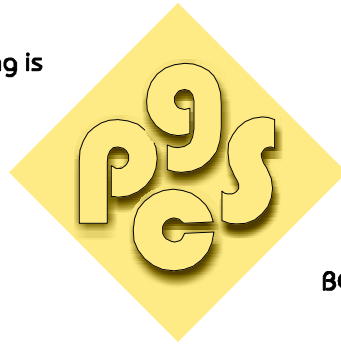


"Where the Living is



BOLD, BEAUTIFUL, and BOUNTIFUL!"

Dear Prospective Paul G. Stewart Center Residents:

We are pleased to transmit with this letter our Registration Form. Please accurately complete and sign this form, and return it as soon as possible. It is important that you **return completed form via mail, email, fax, or walk-in** to the main office as soon as possible because the stamp on this form will establish the order for determining when we will contact you to come in to fill out an application for an apartment. In other words, we will take applications for the waiting list on the "first come first served" basis based on the stamped date and time of the returned Registration Forms. ***All applicable information must be entered onto the attached registration form; otherwise the form will not be accepted.***

Thank you for your interest in Paul G. Stewart Center Apartments.

Sincerely,

Diasha Brown

Diasha Brown

Management Supervisor



"No Strangers shall live here. We shall be neighbors."



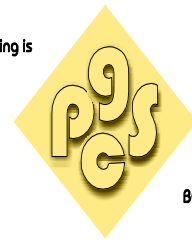
400 EAST 41ST STREET • CHICAGO, ILLINOIS 60653 • TELEPHONE (773) 924-2100 • FAX (773) 924-9794



PAUL G. STEWART APARTMENTS CENTER

400 East 41st Street, Chicago, IL 60653 Phone: (773)924-2100
Fax: (773) 924-9794 www.PGSAPT.com INFO@PGSAPT.com

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REGISTRATION FORM

DEVELOPMENT _____

Interested in: STUDIO 1 BR 2 BR 3 BR 4 BR

Name (Head of Household) _____

Address _____ City _____ State _____ Zip Code _____

Telephone (Cell) _____ (Work) _____ Email _____

Would you be interested in a handicapped accessible apartment? Yes No

Are you a full time student? Yes No Do you have a Section 8 voucher? Yes No voucher size _____

Do you Rent Own Current Monthly Rent/Mortgage Payment \$ _____

Total income of all occupants \$ _____

HOUSEHOLD DATA (Please list all persons who will occupy apartment)

Name	Age	Relationship	Employer or Source of Income	No. of Hours worked/week	Annual Income
		Head of Household			

How did you hear about us? Ad Sign Referral Online Other _____

Date apartment is needed _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Please Stamp Date/Time Received.

Unit Shown: _____ Model _____ Other (Specify) _____

Application Taken? Yes _____ No _____

If No, follow up done: Date _____ Agent Initials _____

Comments: _____

Signature _____ Date _____



THIS IS NOT AN APPLICATION

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