

Chicago Residential Lease

For Apartments, Condominiums, Single Family Homes, and Townhomes

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 This Contract is Intended to be a Binding Real Estate Contract

V13.0 2026

Date of Lease	Term of Lease		Monthly Rent
	Lease Beginning Date	Lease Ending Date & Time	

Leased Address (Premises):	
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In consideration of the mutual covenants and agreements herein stated, Landlord(s) hereby leases to Tenant(s) and Tenant(s) hereby leases from Landlord(s) for use as a private dwelling only, the Premises, together with the fixtures and appliances listed below (if any) in the premises, for the above Term of Lease, subject to all the provisions of this Lease.

[Yes]	[No]	The following are incorporated into the Lease when indicated	
		A Security deposit is being held by Landlord (if any)	\$
If YES, must complete →		Illinois Financial Institution (Name and Address) where Security Deposit shall be or is held (if any)	
		Non-Refundable Move-In Fee (if any)	\$
		Pets Permitted (description of any pet permitted during lease):	
		Parking included in lease (space number(s) if any):	
		Additional Storage Location (if any):	
		Furnished? If yes, attach Rider 23 - Furnished Lease Rider	
		Rent shall include the following (check those that apply):	<input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Basic Cable <input type="checkbox"/> Satellite <input type="checkbox"/> Internet <input type="checkbox"/> Other _____
		Personal property owned and provided by Landlord (check those that apply):	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Oven/Range <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Other _____
		Landlord's Property Insurer (Required for properties with 4 units or more) (Name, Address, and Phone of Homeowner Insurance Company):	
		Tenant's Property Insurer, if required by Landlord: (Name, Address, and Phone of Renter Insurance Company):	

Identification of Tenant(s):
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Landlord(s) or Authorized Management Agent:
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Check if applicable

_____ (Tenant Name) is a Licensed Broker in the State of Illinois leasing the Premises.

Check if applicable

_____ (Landlord Name) is a Licensed Broker in the State of Illinois and has direct or indirect interest in the Premises.

Name(s) of persons authorized to occupy premises:

Person authorized to Act on Behalf Of Owner for the Purpose of Service of Process and Accepting Notices:
. .

Additional Agreements and Covenants: