



Eagle Management RE, LLC

5885 Forest View Road. · Lisle · Illinois · 60532 · Tel (630) 964-6800 · Email: info@thetowers-homes.com

Important instructions: To be valid, these pages of the application form must be completed in full and signed by ALL FAMILY MEMBERS 18 YEARS OF AGE AND OLDER. There is a \$50.00 fee for each person over the age of 18. Please print all information.

Applicant _____
Last First Middle

Present Address _____
No. Street City State Zip

Home Phone # _____ Cell Phone # _____ Business Phone # _____

Email Address _____

Social Security # _____ Drivers Lic No. _____ State _____ Birth Date _____

List persons to reside in apartment: If any of the persons below have a different current address a separate application needs to be filled out.

Name	Relationship to Head	Social Security #	Total Net Pay	Birth Date

Please explain how you found out about The Towers at Four Lakes? _____

Are you moving with a pet? Yes _____ No _____ If Yes, What Kind _____ Any Smokers in the household? Yes _____ No _____

*Dogs will be accepted on **select floors only** with: pre-approval, submission of rabies vaccination, execution of pet addendum, and appropriate fees paid. Pet Fee is \$350.00 for 1, \$500.00 for 2. There is a \$20 monthly pet rent charge per pet. Each apartment is allowed a maximum of 2 cats, 2 dogs (or combination of) not to exceed a combined weight of 75lbs (fully grown). Some breed restrictions may apply.

Are you a current abuser of alcohol or illegal drugs? Yes _____ No _____

Have you ever been convicted of the sale or manufacturing of drugs? Yes _____ No _____

Have you ever been convicted of a Felony? Yes _____ No _____

What floors would you like? 1st _____ 2nd _____ 3rd _____

What floors would you not like? 1st _____ 2nd _____ 3rd _____

Number of bedrooms needed? 1 bedroom _____ 2 bedroom _____

Present Landlord _____
Name Address City State Zip

Present Landlord Phone # _____ or email: _____ Lease start/end date: _____

Current Rent Amount \$ _____

Previous Landlord _____
Name Address City State Zip

Previous Landlord Phone # _____ or email: _____ Lease start/end date: _____

Have you ever been evicted or broken a lease? Yes _____ No _____

If Yes, please explain _____

Applicant 1

Employer's Name _____
 Employer's Address _____
 Position _____
 Name & Title of Supervisor _____
 Number of years in present employment _____
 Phone Number of Supervisor _____
 Monthly Salary _____

Applicant 2

Employer's Name _____
 Employer's Address _____
 Position _____
 Name & Title of Supervisor _____
 Number of years in present employment _____
 Phone Number of Supervisor _____
 Monthly Salary _____

I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize the above named housing complex to verify the above information and consent to the release of the necessary information to determine my eligibility. I authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, credit agency, or rental history checks.

 Applicant 1 Signature

 Date

 Guarantor Signature

 Date

 Applicant 2 Signature

 Date

Please do not write below this line. Office use only.

	Credit Score	Monthly Income	Evictions	Felony	Apt # Applied For: _____ Monthly Rental Amount: \$ _____ x 3= \$ _____
Applicant 1	_____	\$ _____	_____	_____	
Applicant 2	_____	\$ _____	_____	_____	
Applicant 3	_____	\$ _____	_____	_____	
Applicant 4	_____	\$ _____	_____	_____	

Average/Total: _____ \$ _____

Security Deposit Amount: \$ _____

Other Information: _____

Approved: YES NO

Manager's Signature _____

