



Eagle Management RE, LLC

5885 Forest View Rd. #106 Lisle Illinois 60532 Tel (630) 964-6800 Email info@fourlakes-towers.com

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

Head of Household _____
Last First Middle

Present Address _____
No. Street City State Zip

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

Email Address _____

Social Security # _____ Drivers Lic #. _____ 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 #	Enter all Sources of income	Birth Date

Please explain how you found out about our property? _____

Are you moving with a pet? Yes _____ No _____ If Yes, please state the following:

Type/Breed & Weight: #1) _____ #2) _____

*Pets will be accepted 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. Please see the property terms and conditions. Each apartment is allowed a maximum of 2 pets not to exceed a combined weight of 75lbs (fully grown). Dogs are allowed on the 1st and 2nd floors only. Additional Restrictions Apply.

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

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

Have you or any other occupants ever been convicted of a Felony? Yes _____ No _____

Do you or any other occupants have charges pending? Yes _____ No _____

Move in date _____

What floors would you like? 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Number of bedrooms needed? Studio _____ 1 bedroom _____

Current Landlord: _____ Current Landlord Phone # _____

Current Address: _____

Occupancy Dates _____ Rent \$ _____

Previous Landlord: _____ Previous Landlord Phone # _____

Previous Address: _____

Occupancy Dates _____ Rent \$ _____

Have you ever been evicted or broken a lease? Yes _____ No _____ If Yes, please explain _____



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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 _____

Applicant 2 Signature _____

Date _____

Guarantor Signature _____

Date _____

Guarantor Signature _____

Date _____

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

	Credit Score	Monthly Income	Evictions	Felony
Applicant 1:	_____	\$ _____	_____	_____
Applicant 2:	_____	\$ _____	_____	_____
Applicant 3:	_____	\$ _____	_____	_____
Applicant 2:	_____	\$ _____	_____	_____
Average/Total:	_____	\$ _____	_____	_____

Apt # Applied For:

Monthly Rental Amount:
\$ _____ x 3 = \$ _____

Security Deposit Amount: \$ _____

Other Information: _____

Approved: YES NO Manager's Signature _____





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Residency Verification

Dear _____,

_____ has applied for residency at The Towers @ Four Lakes. They have listed you as their landlord at the following address:

I authorize the above-named management company to verify the information requested below and consent to the release of the information requested below to process my application for tenancy.

Print

Sign

Date

Thank you in advance for providing this information so we may process their application as quickly as possible.

Dates of occupancy _____

Date of lease expiration _____

Rental amount _____

Was/Is rent paid on time _____

Number of late payments _____

Number of NSF checks _____

Legal Action Taken _____

Is there a balance outstanding _____

Amount \$ _____

Number of people who occupied the home _____

Names on lease _____

Did/Do they have any pets _____

Amount and kind of Pets _____

Any lease or parking violations _____

Condition of Apartment/Home _____

How many days notice required _____

Was proper notice given _____

Would you rent to resident again _____

If no why _____

Any additional information that you feel is pertinent to their rental history _____

Signature of landlord _____ Date _____

Title _____





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Employment Verification

Dear _____,

_____ has applied for residency at The Towers @ Four Lakes. They have listed you as their place of employment:

I authorize the above-named management company to verify the information requested below and consent to the release of the information requested below to process my application for tenancy.

Print

Sign

Date

Thank you in advance for providing this information so we may process their application as quickly as possible.

Date of Hire: _____

Position: _____

Salary: _____ Year / Month / Week / Hour

Average Number of Hours Worked: _____ Year / Month / Week / Hour

Commission and/or Bonuses: _____

Overtime: _____

Average Number of Overtime Hours Worked: _____

Signature _____ Date _____

Title _____

