



# Eagle Management RE, LLC

290 Anita Terrace #108 · Antioch · Illinois · 60002 · Tel (847) 838-6074 · Email info@anita-homes.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 Anita Terrace Apartments? \_\_\_\_\_

Are you moving with a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, What Kind \_\_\_\_\_

\*Pets will be accepted with: pre-approval, submission of rabies vaccination, execution of pet addendum, and appropriate fees paid. Pet Fee is \$250.00 for per pet. Please see the property terms and conditions. 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. All pets must be spayed/neutered.

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 \_\_\_\_\_

What floors would you like? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Move in date \_\_\_\_\_

What floors would you not like? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Number of bedrooms needed? 1 bedroom \_\_\_\_\_ 2 bedroom \_\_\_\_\_

Present Landlord \_\_\_\_\_  
Name Address City State Zip

Present Landlord Phone # \_\_\_\_\_ Occupancy Dates \_\_\_\_\_ Rent \$ \_\_\_\_\_

Previous Address \_\_\_\_\_ Occupancy: years \_\_\_\_\_ months \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Name Address City State Zip

Previous Landlord Phone # \_\_\_\_\_ Rental \$ \_\_\_\_\_

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

\_\_\_\_\_  
Applicant 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 4 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	_____	\$ _____	_____	_____	
<b>Average/Total:</b>	_____	\$ _____	_____	_____	

Security Deposit Amount: \$ \_\_\_\_\_

Other Information: \_\_\_\_\_

Approved: YES  NO

Manager's Signature \_\_\_\_\_





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## Residency Verification

Dear \_\_\_\_\_,

\_\_\_\_\_ has submitted an application for residency at Anita Terrace Apartments. They have listed you as their landlord at the following address:

\_\_\_\_\_  
Please see signature below for authorization for release of this information.

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 submitted an application for residency at Anita Terrace Apartments. They have listed you as their Place of Employment:

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**Please see signature below for authorization for release of this information.**

Print

Sign

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dates 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: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

