



Eagle Management, LLC

5550 Abbey Drive 1B · Lisle · Illinois · 60532 · Tel (630) 322-9700 · Fax (630) 322-9795

Important instructions: To be valid, these pages of the application form must be completed in full and signed by Applicant. ALL FAMILY MEMBERS 18 YEARS OF AGE AND OLDER must complete their own application. There is a \$65.00 fee for each person over the age of 18. Please print all information.

Applicant's Name _____
Last First Middle

Present Address _____
No. Street City State Zip

Cell Phone # _____ Work Phone # _____ Email _____

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

List occupants under the age of 18 to reside in the apartment:

Name	Relationship to Head of Household	Birth Date

Please explain how you found out about Abbey Apartments at Four Lakes? _____

Are you moving with a pet? Yes ___ No ___ If Yes, What Kind _____

Pet fee is \$350.00 at move in and \$30.00 pet rent per pet. All new pets must pass a "PET INTERVIEW" with the office staff. Please see the property rules and regulations.

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 ___ 4th ___

What floors would you not like? 1st ___ 2nd ___ 3rd ___ 4th ___

Number of bedrooms needed? Efficiency ___ Studio ___ 1 bedroom ___ 2 bedroom ___ 3 bedroom ___

Present Landlord _____
Name Address City State Zip

Present Landlord Phone # _____ fax # _____ Email _____

Occupancy Since _____ Lease Expires _____ Current Rent Amount _____

Previous Address _____ Occupancy: years _____ months _____

Previous Landlord _____
Name Address City State Zip

Previous Landlord Phone # _____ fax # _____ Email _____

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



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Applicant

Employer's Name _____

Employer's Address _____

Position _____

Name & Title of Supervisor _____

Number of years in present employment _____

Phone Number of Supervisor _____

Monthly Salary _____

Employment verification

PLEASE PROVIDE YOUR LAST 4 PAYSTUBS OR HIRING LETTER STATING YOUR SALARY OR HOURLY RATE PLUS HOURS WORKED PER WEEK IF APPLICABLE.

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

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

	Applicant 1	Applicant 2	Applicant 3
Credit Check	_____	_____	_____
Felony background check	_____	_____	_____
Eviction check	_____	_____	_____
Size: _____	Price: _____	Move In Date: _____	

Approved: YES NO

Manager's Signature _____





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Residency Verification

Abbey Apartments at Four Lakes
5550 Abbey Dr. 1B
Lisle, IL 60532
630.322.9700 P
630.322.9795 F

Dear _____,
Landlord's Name

_____ has submitted an application for residency at Abbey Apartments at
Applicant's name
Four Lakes. They have listed you as their landlord at the following address: _____

Applicant's Print Full Name

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 _____ Any NSF checks _____

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 _____

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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Building: _____ Apartment # _____
Rental Amount \$ _____

Unit Reservation Agreement

This Agreement made on the (Date) _____ between Eagle Management RE, LLC ("Lessor") and _____ ("Lessees"), (Cosigner) states that: Lessee is interested in entering a lease for a (Unit Size) _____. (Date) _____ 20____

In exchange for the payment of a reservation deposit of \$400.00 Lessor agrees to reserve a unit in the complex to be available for Lessee on the aforesaid date. Lessor agrees not to market the unit to other potential applicants and hold the unit in reserve for the Lessee for taking possession on the start date of the Lease.

Once Lessee signed the Lease Agreement, this Reservation Deposit will be converted into a Security Deposit and will be held by Lessor on the terms described in the Lease Agreement. In addition to the Security Deposit, at the time of move in, the Lessee will be responsible for an administration fee of \$199.00, pro-rated rent, for the month at the time of move in, pet fee (if applicable), and short term lease fee (if applicable).

Should the Lessee not enter into the Lease Agreement for any reason whatsoever after the reservation is made, this reservation deposit will be used as a payment to Lessor to cover damages, as a direct result in keeping the unit reserved for Lessee and not marketed to other potential applicants. Lessee understands and agrees that by making this reservation deposit, Lessee is making a commitment to enter into a lease agreement and should Lessee change their mind, for any reason whatsoever, the Reservation Deposit will not be returned to the Lessee.

Lessee(s):

Lessor: Eagle Management, LLC,
Agent for owner of the Apartments

By: _____

Date: _____

Date: _____