



Eagle Management, LLC

25 North Buesching Road · Lake Zurich · Illinois · 60047 · Tel 847 726 2440 · Fax 847 726 2450

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.

Head of Household _____
Last First Middle

Present Address _____
No. Street City State Zip

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

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 please provide their present landlord information and current rent amount on the back of this page.

Name	Relationship to Head	Social Security #	Enter all Sources of income	Birth Date

Please explain how you found out about The Landings of Lake Zurich? _____

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

Pet fee is \$275.00 at move in and there is no pet rent. 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 # _____ Occupancy Since _____ Lease Expires _____

Current Rent Amount _____

Previous Address _____ Occupancy: years _____ months _____

Previous Landlord _____
Name Address City State Zip

Previous Landlord Phone # _____

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_____
Applicant 2 Signature_____
Date**Please do not write below this line. Office use only.**

	Applicant 1	Applicant 2	Move In Date/Bldg/Apt#:
Credit Check	_____	_____	_____
Felony background check	_____	_____	_____
Eviction check	_____	_____	_____
Other Information	_____		

Approved: YES NO

Manager's Signature _____

Residency Verification

The Landings of Lake Zurich
25 North Buesching Road
Lake Zurich, IL 60047

Dear _____,

_____ has submitted an application for residency at The Landings of Lake Zurich. 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 _____ 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 _____

Employment Verification

The Landings of Lake Zurich
25 North Buesching Road
Lake Zurich, IL 60047

Dear _____,

_____ has submitted an application for residency at The Landings of Lake Zurich. They have listed you as their Place of Employment:

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: _____

Salary: _____

Commission and/or Bonuses: _____

Overtime: _____

Signature _____ Date _____

Title _____

