

- One Bedroom Apartment, at the monthly rate of \$1,475
- Two Bedroom, One Bath Apartment, at the monthly rate of \$1,625
- Two Bedroom, Two Bath Apartment, at the monthly rate of \$1,675
- Two Bedroom, Two Bath Deluxe, w/ basement, at the monthly rate of \$1,850
- Two Bedroom, Two Bath Premier, w/ basement, at the monthly rate of \$1,900
- Garage at the monthly rate of \$100
- Fireplace at the monthly rate of \$65
- Vaulted Ceiling w/Skylights at the monthly rate of \$25
- Open Concept Upgrade at the monthly rate of \$200
- California Closets at the monthly rate of \$35
- Senior Discount -\$25/month

Apartment No. _____ Effective Date: _____, 20__ at \$_____ per month.

***All Applicants Must Be Residents of the Apartment ***

Anyone over the age of 18 is required to be an applicant and lease holder

PLEASE TELL US ABOUT YOURSELF:

1) Applicant Name _____ Date of Birth _____ SS# _____
 Phone(s) cell/home _____ work _____ Drivers Lic.# _____

2) Co-applicant's Name _____ Date of Birth _____ SS# _____
 Phone(s) cell/home _____ work _____ Drivers Lic.# _____

Occupants: Anyone under the age of 18 that will be occupying the apartment.

Full Name _____ Date of Birth: _____ Full Name _____ Date of Birth: _____

PLEASE GIVE YOUR RESIDENCE HISTORY:

1) Current Address _____
 Rent/Mortgage Per Month \$ _____ How long? _____ Reason for leaving _____
 Landlord/Mortgage Company _____ Phone _____

2) Current Address _____
 Rent/Mortgage Per Month \$ _____ How long? _____ Reason for leaving _____
 Landlord/Mortgage Company _____ Phone _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION:

1) Applicants employment status: Retired Full-Time Part-Time Student Unemployed Other _____
 Employer's name _____ Address _____
 Phone: _____ Supervisor _____ Yearly Base Income \$ _____
 How long at present employer _____ Position _____ If employed less than six (6) months, name and address of previous employer _____

2) Co-applicant's employment status: Retired Full-Time Part-Time Student Unemployed Other _____
 Employer's name _____ Address _____
 Phone: _____ Supervisor _____ Yearly Base Income \$ _____
 How long at present employer _____ Position _____ If employed less than six (6) months, name and address of previous employer _____

If any applicant has any other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support unless you want us to consider it in this application.

Applicant _____ Amount \$ _____ Source _____ Phone _____

Has any Applicant filed for Bankruptcy? Yes / No If yes, Who & When _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE IDISIGNING:

I (We) hereby make application for an apartment and hereby certify that the foregoing information is true and accurate to the best of my(our) knowledge. I(We) hereby authorize Oak Brook Commons, any credit bureau or other investigative agency employed by Oak Brook Commons to investigate the references, statements or other data herein listed, obtained from me or from any other person pertaining to my (our) credit and financial responsibility. I (We) understand that the deposit to hold the apartment is NONREFUNDABLE after ___/___/___ at ___ AM/PM (3 business days). If this application is not accepted by Oak Brook Commons, the deposit shall be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance which the owner or his agent may reject without stating any reason for doing so.

I (We) understand that if for any reason the apartment is not available at the beginning of the term of this lease, I will be entitled to an adjustment of rent on a per diem basis until the apartment is available. I (We) further understand that Oak Brook Commons will not be responsible for any expenses or damages which result from the delay and it will not give me (us) the right to cancel the lease agreement.

1) Applicant _____ Date _____ 2) Applicant _____ Date _____

DEPOSIT RECEIVED in the sum of \$ _____, Check# _____ this _____ day of _____, 20__ at _____ AM/PM

BY _____

FOR OFFICE USE ONLY-VERIFICATION OF ALL APPLICANTS GOVERNMENT ISSUED ID

NAME _____ ID TYPE _____ ID NUMBER _____

NAME _____ ID TYPE _____ ID NUMBER _____

NAME _____ ID TYPE _____ ID NUMBER _____