## Oak Brook Commons, LLC

NAME\_\_\_

## **APPLICATION TO RENT**

| One Bedi | room Apartment, | at the monthly | rate of \$1,595 |
|----------|-----------------|----------------|-----------------|
|----------|-----------------|----------------|-----------------|

- $\hfill\square$  Two Bedroom, One Bath Apartment, at the monthly rate of \$1,750
- $\hfill\square$  Two Bedroom, Two Bath Apartment, at the monthly rate of \$1,795
- $\hfill\square$  Two Bedroom, Two Bath Deluxe, w/ basement, at the monthly rate of \$1,945/1,970

□ Two Bedroom, Two Bath Premier, w/ basement, at the monthly rate of \$2,000/2,025

 $\hfill\square$  Garage at the monthly rate of \$100

- $\Box$  Fireplace at the monthly rate of \$65
- $\hfill\square$  Vaulted Ceiling w/Skylights at the monthly rate of \$25
- $\Box$  Open Concept Upgrade at the monthly rate of \$250
- 5  $\Box$  California Closets at the monthly rate of \$35

□ Senior Discount -\$25/month

| Apartment No  | Effective Date:   | , 20   | at \$ per m   | onth.  |
|---|---|--|---|--|
|   | *All Applicants Must  | Be Residents of the Apartr   | nent *  |  |
|   | *Anyone over the age of 18 is i   | required to be an applicant a  | nd lease holder*  |  |
|   |   | L US ABOUT YOURSELF:   |   |  |
|   | Date of Birth   |  |   |  |
|   | work  |  |   |  |
|   | Date of Birth   |  |   |  |
|   | work  |  | Lic.#   |  |
|   | e age of 18 that will be occupying th   | -  |   | a  |
| Full Name   | Date of Birth:  | Full Name  | Date of Bi  | rth:   |
| PLEASE GIVE YOUR RES  |   |  |   |  |
|   |   |  |   |  |
| Rent/Mortgage Per Month \$  | How long?   | Reason for leaving   |   |  |
|   |   |  |   |  |
|   | How long?   |  |   |  |
| Landlord/Mortgage Company   |   |  | Phone   |  |
| PLEASE GIVE YOUR EMP  | LOYMENT INFORMATION:  |  |   |  |
| 1) Applicants employment stat   | us:  □ Retired □ Full-Time □ Part-T   | Time $\Box$ Student $\Box$ Unemployed  | □ Other   |  |
| Employer's name   |   | Address  |   |  |
| Phone:  | Supervisor  | Yearly Base I  | ncome \$  |  |
| How long at present employer previous employer  | Position  | If employed le   | ss than six (6) months, nam   | ne and address of  |
| 2) Co-applicant's employment  | status: □ Retired □ Full-Time □ Pa  | rt-Time 🗆 Student 🗆 Unemploye  | d □ Other   |  |
| Employer's name   |   | Address  |   |  |
|   | Supervisor  |  |   |  |
| previous employer   |   |  |   |  |
|   | sources of income you would like us to<br>You do NOT have to reveal alimony   |  |   |  |
| Applicant   | Amount \$ Source  | Pho  | ne  |  |
| Has any Applicant filed for B   | ankruptcy? Yes / No If yes, Who &   | When   |   |  |
| I (We) hereby make applicatio<br>knowledge. I(We) hereby au<br>investigate the references, state<br>responsibility. I (We) underst<br>days). If this application is n<br>by reason of non-acceptance w<br>I (We) understand that if for ar<br>on a per diem basis until the ap<br>damages which result from the | OWING CAREFULLY BEFORE ID<br>n for an apartment and hereby certify t<br>thorize Oak Brook Commons, any cre<br>ements or other data herein listed, obtai<br>and that the deposit to hold the apartm<br>ot accepted by Oak Brook Commons,<br>hich the owner or his agent may reject<br>by reason the apartment is not available<br>artment is available. I (We) further u<br>delay and it will not give me (us) the t | hat the foregoing information is true<br>edit bureau or other investigative ag<br>ined from me or from any other pe<br>ent is NONREFUNDABLE after<br>the deposit shall be refunded, the a<br>without stating any reason for doir<br>e at the beginning of the term of this<br>inderstand that Oak Brook Common<br>right to cancel the lease agreement. | ency employed by Oak Br<br>rson pertaining to my (our)<br>/ / at Al<br>oplicant hereby waiving any<br>g so.<br>s lease, I will be entitled to<br>as will not be responsible for | ook Commons to<br>) credit and financial<br>M/PM (3 business<br>y claim for damages<br>an adjustment of rent<br>or any expenses or |
|   |   |  |   |  |
| DEPOSIT RECEIVED in the su  | m of \$, Check# this _  | day of   | _,20 at AM/PN   | 1  |
|   |   | BY   |   |  |
| FOR OFFICE USE ONLY   | -VERIFICATION OF ALL AP   | PLICANTS GOVERNMENT  | ISSUED ID   |  |
| NAME  | ID TYPE   | ID NMBER   |   |  |
| NAME  | ID TYPE   | ID NUMBE   | R   |  |

\_ID TYPE\_\_\_\_\_

ID NUMBER