



AUTHORIZED OCCUPANT AGREEMENT

ID VERIFIED _____ \$20 FEE PAID _____

WESTMORE APARTMENTS ACKNOWLEDGES _____ AS AN AUTHORIZED
(OCCUPANT NAME)
OCCUPANT WHO WILL BE ALLOWED TO RESIDE AT _____, LOMBARD,
(ADDRESS)
IL, 60148, APPROVED BY THE LEASEHOLDER _____.
(LEASEHOLDER NAME)

IT IS THE RESPONSIBILITY OF _____ TO NOTIFY WESTMORE MANAGEMENT IN
(LEASEHOLDER NAME)
WRITING IF, OR WHEN, _____ VACATES THE APARTMENT
(OCCUPANT NAME)
AND _____ DENIES HIS/HER ENTRY AND PRIVILEGES TO THE
(LEASEHOLDER NAME)
APARTMENT. WESTMORE MANAGEMENT RESERVES THE SAME RIGHT TO DENY ANY OCCUPANT RESIDENCY ON THE
PROPERTY FOR ANY WARRANTED REASON. IF WESTMORE CHOOSES TO EXCERSICE THIS RIGHT, THE OCCUPANT HAS
72 HOURS TO VACATE THE PREMISES.

AS AN OCCUPANT, _____ HAS AGREED TO FOLLOW ALL OF THE
(OCCUPANT NAME)
WESTMORE COMMUNITY POLICIES, RULES, AND REGULATIONS.

AS LEASEHOLDER, I ACCEPT THE ABOVE CONDITIONS AS STIPULATED BY WESTMORE MANAGEMENT.

LEASEHOLDER SIGNATURE

DATE

AS AN OCCUPANT, I ACCEPT THE ABOVE CONDITIONS AS STIPULATED BY WESTMORE MANAGEMENT.

AUTHORIZED OCCUPANT SIGNATURE

DATE

WESTMORE MANAGEMENT

DATE

DEMOGRAPHICS ENTERED IN RR

DATE

EMPLOYEE INITIAL