



# AUTHORIZED OCCUPANT AGREEMENT

ID VERIFIED \_\_\_\_\_ \$25 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