



WESTMORE APARTMENTS
Premium Living at Affordable Pricing!

APPLICATION FOR AUTHORIZED OCCUPANCY

APPLICATION DATE _____

\$25 Occupancy Fee Paid _____ IDENTIFICATION VERIFIED _____

PLEASE COMPLETE EVERY QUESTION

(Each adult occupant over the age of 18 must submit a separate application)

MOVE IN DATE _____ LEASING AGENT _____

APPLYING FOR ADDRESS _____, LOMBARD, IL 60148

CURRENT LEASEHOLDER'S NAME _____

APPLICANT INFORMATION _____ Full-Time Occupancy _____ Part-Time Occupancy (Less than 2 nights per week)

FULL NAME (LAST) _____ (FIRST) _____ (MI) _____ GENERATION (Jr. Sr.) _____

DOB ____/____/____ SOCIAL SECURITY # ____-____-____ SEX _____ MARITAL STATUS _____ (Optional)

OCCUPATION _____ TOTAL ANNUAL INCOME (From all sources) _____

DRIVER'S LICENSE # _____ STATE _____ EXPIRATION DATE _____

E-MAIL _____ HOME PHONE # _____

CELL PHONE # _____ WORK PHONE# _____

ARE YOU A UNITED STATES CITIZEN? YES / NO IF NOT, PASSPORT # _____ WORK VISA #: _____

VEHICLES (LIMIT TWO (2) PER APARTMENT)

TYPE	COLOR	MAKE/MODEL	LICENSE PLATE #	STATE	YEAR

MINOR ADDITIONAL OCCPUANT INFORMATION

FULL LEGAL NAME	SOCIAL SECURITY NUMBER	RELATION	SEX	DATE OF BIRTH	OCCUPANT ONLY OR VISOTOR ONLY

RESIDENCY HISTORY

NOTE: Please provide occupancy history for previous two years

PRESENT ADDRESS:

STREET _____ APT # _____

CITY _____ STATE _____ ZIP _____ HOME PHONE # _____

RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU)

NAME _____ RELATIONSHIP _____ PHONE # _____

STREET _____ CITY _____ STATE _____ ZIP _____

