



AUTHORIZED OCCUPANT AGREEMENT

CURRENT # OF PERSONS RESIDING IN APARTMENT: _____

NUMBER ALLOWED PER POLICY: 2 MAX for one bedroom/ 4 MAX for two bedrooms

Mallard Lake Apartments acknowledges (Occupant Name) _____ as an authorized occupant who will be allowed to reside at (Address) _____, Wheeling, IL, 60090, approved by the leaseholder (Leaseholder Name) _____. It is the responsibility of (Leaseholder Name) _____ to notify Mallard Lake Management in writing if, or when, (Occupant Name) _____ vacates the apartment and (Leaseholder Name) _____ denies his/her entry and privileges to the apartment. Mallard Lake Management reserves the same right to deny any occupant residency on the property for any warranted reason. If Mallard Lake chooses to exercise this right, the occupant has 72 hours to vacate the premises.

As leaseholder, I accept the above conditions as stipulated by Mallard Lake Management.

Leaseholder Signature _____
Date

As an occupant, I accept the above conditions as stipulated by Mallard Lake Management.

Authorized Occupant Signature _____
Date

Mallard Lake Management _____
Date

For Office Use Only:

Accepted by: _____ Date: _____

Processed by: _____ Date: _____

Demographics Entered: Initial _____ Date: _____

Community Policies Signed: Initial _____ Date: _____

Occupant Parking Tag: Initial _____ Date: _____

*All forms, contracts, applications and other documents distributed by Mallard Lake Apartments, in the Leasing Office or on-line at www.mallardlakeapts.com, are subject to change at any time without notice. Only the most recent version of each form will be considered valid and all residents and applicants hereby agree to abide by the policies and procedures set forth in the most current version these documents.