

NAME OF OWNER(S):	
ADDRESS:	
IN CASE OF EMERGENCY, PLEASE NOTIFY:	
NAME:	PHONE:
ADDRESS:	
RELATIONSHIP TO SELF:	
DO YOU INTEND TO OCCUPY THE RESIDENCE?	
NAMES OF ALL OCCUPANTS. NOTE: CHILDREN MUST B	
NAME:	
NAME:	
	Mag., 95.
NAME:	LEASE SUPPLY THE FOLLOWING OCCUPANT INFORMATION:
NAME OF OCCUPANT.	BIRTH DATE:
OCCUPATION:	AGE:
EMPLOYER:	PHONE:
ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	
NAME OF OCCUPANT'S SPOUSE, SIGNIFICANT OTHER OR	
OCCUPATION:	BIRTHDATE:
EMPLOYER:	
M-5497 (33) 360 8	
ADDRESS:	
In applying for membership in the Regency at the Wood understand that the Regency at the Woods of South Bar in order to comply with the requirements of the Fair Ho Act, the Regency at the Woods of South Barrington mu housing for older persons, and at least eighty percent (8 person fifty-five (55) years of age or older. I (we) furth Barrington Homeowners Association is required to mor Woods of South Barrington and, in the event the reside such that such occupancy shall not demonstrate an interthan at least eighty percent (80%) of the units at the Releast one person whose age is fifty-five (55) years or over thomeowners Association shall have the right to enforce	ods of South Barrington Homeowners Association, I (we) prington is being developed as housing for older persons and, busing Amendments Act of 1988 and the Illinois Fair Housing ast consistently provide evidence and intention to provide 80%) of the residences must be occupied by at least one ther acknowledge that the Regency at the Woods of South initor and verify the age of the occupants in the Regency at the ence is occupied by persons other than as provided herein, antion to provide housing for older persons or shall cause less regency of the Woods of South Barrington to be occupied by at
APPLICANT'S SIGNATURE S	SPOUSE'S, SIGNIFICANT OTHER'S OF CO-OWNER'S SIGNATURE