

Exhibit A

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THE TOWNES OF PRESTBURY ASSOCIATION

RIDER TO LEASE

OWNER NAME \_\_\_\_\_

TENANT NAME \_\_\_\_\_

UNIT ADDRESS \_\_\_\_\_, SUGAR GROVE, IL 60554

This rider is added to the attached lease in accordance with the Townes of Prestbury Rules and Regulations and By-laws. By this rider, the undersigned parties acknowledge expressly that every lease and the parties so noted shall be subject in all respects to the provisions of the said Townes of Prestbury Rules and Regulations and By-Laws. Any failure by the lessee to comply with the terms thereof shall be a default under the lease.

The Board of Directors of the Townes of Prestbury Association shall be a third party beneficiary of said lease and shall be entitled to pursue all available legal and equitable remedies in the event of any such default. No rights of the Board of Directors shall be deemed to have been waived or abrogated by reason of any previous failure to enforce the same.

The unit owner and the tenant shall indemnify and hold harmless the Association from any and all loss, damage, attorney's fees or other expense, which the Association may sustain by reasons of actions, proceedings, claims or demands of any tenant, arising out of their occupancy of the residential unit or their use of common property.

A copy of the signed original of said lease and a copy of this signed rider must be given to the Board of Directors or its managing agent for the Association files within at least ten (10) days of date of date of execution of the lease.

The signature below acknowledges receipt of the Prestbury Rules and Regulations and By-Laws by the tenant as well as The Townes of Prestbury Rules and Regulations and By-Laws.

\_\_\_\_\_  
Lessor/Owner

\_\_\_\_\_  
Lessee/Tenant

\_\_\_\_\_  
Lessor/Owner

\_\_\_\_\_  
Lessee/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Exhibit B

THE TOWNES OF PRESTBURY ASSOCIATION  
TENANT QUESTIONNAIRE

*Please provide information for all residents of home including, but not limited to spouse,  
children or other family, their birthdates and ages.*

OWNER/TENANT INFORMATION:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

UNIT ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION(S) \_\_\_\_\_ LEASE END DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE/AGE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE/AGE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE/AGE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE/AGE \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I CAN BE REACHED AT HOME: \_\_\_\_\_ ALL DAY \_\_\_\_\_ MORNING \_\_\_\_\_ EVENINGS

EMAIL ADDRESS \_\_\_\_\_

PETS \_\_\_\_\_

MAKE OF VEHICLE/YEAR	COLOR	LICENSE NUMBER
_____	_____	_____
_____	_____	_____

**NOTICE OF INTENTION TO LEASE**

Date: \_\_\_\_\_, 20\_\_

I am the owner of Unit No. \_\_\_\_ located at \_\_\_\_\_  
\_\_\_\_\_, Illinois and desire to lease my Unit.

Please advise the undersigned if the Unit can be leased (because the number of units being leased is under the cap on rentals), or place my Unit on the Wait List in accordance with the Association's rules.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Owner)

Received By Association on \_\_\_\_\_, 20\_\_