

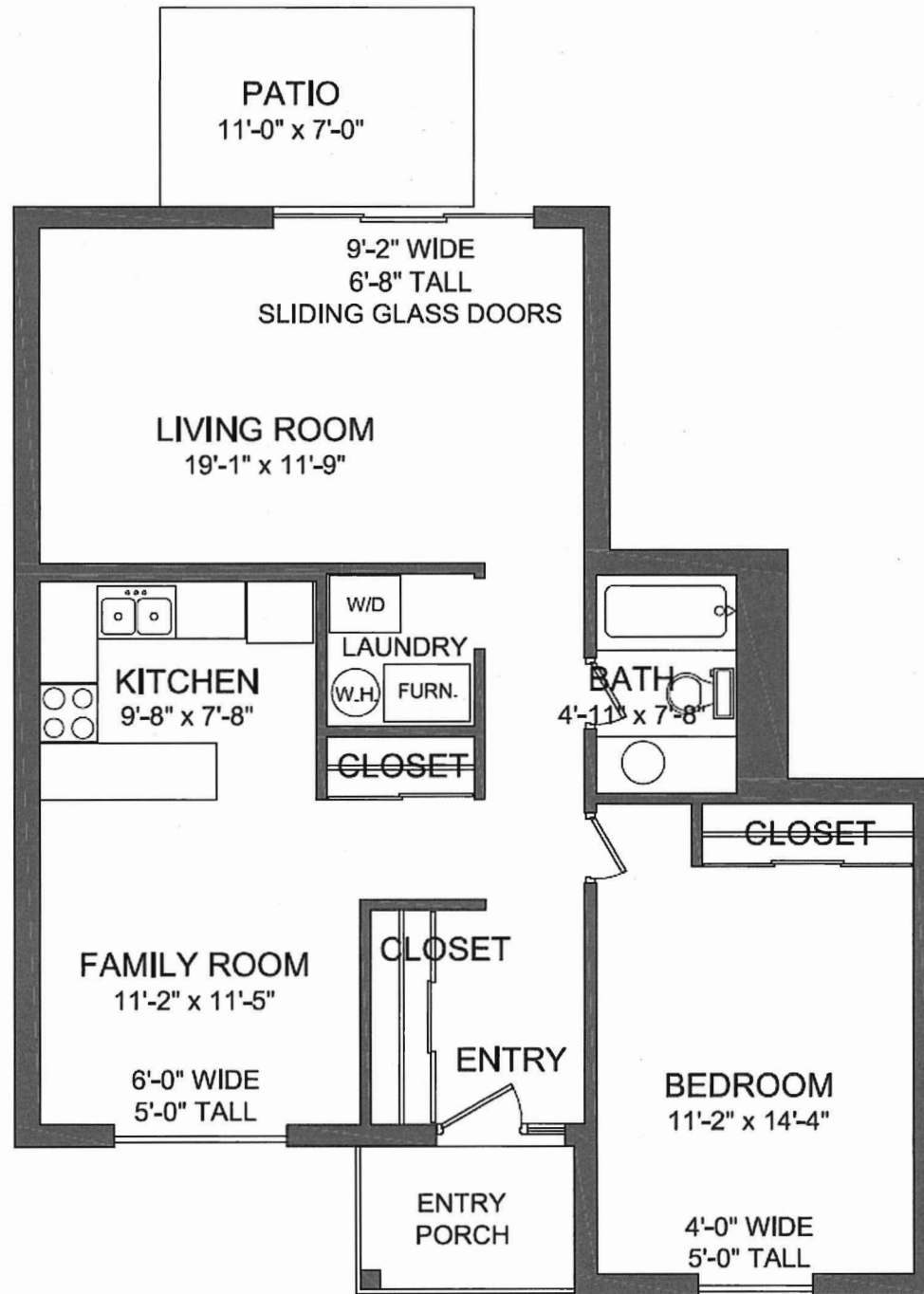
## Cloister Courts

These townhouse style apartments are located at the edge of Mayslake property. This does mean they are furthest away from the services offered at Mayslake Village.

RENTAL AMOUNTS: 1 bedroom: \$890.00

SQUARE FOOTAGE: 1 bedroom: 790 sq. feet

*All utilities are included **except** for electric, phone, and cable TV.*



**MAYSLAKE VILLAGE  
APPLICATION FOR RESIDENCY  
CLOISTER COURT**

**For Office Use Only**

<b>Date:</b>
<b>Unit size:</b> 1 2 3 bedroom
<b>Fee:</b>

**PLEASE NOTE:** There is a \$25.00 non-refundable application fee that must accompany this application.

1. Head of Household (Last, First) \_\_\_\_\_

2. Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Email: \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

4. Age and Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (Response Optional)

5. Social Security \_\_\_\_\_

6. If two applicants are to share one apartment, list second person below:

Name \_\_\_\_\_ Age and Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_

7. Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Widowed

\_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married

8. Years at present address: \_\_\_\_\_ Own \_\_\_\_\_ Rent

9. Yearly Income : \_\_\_\_\_ (This is a non-subsidized building.)

10. Next of kin or alternate contact person. (Someone who will know where to reach you.)

Name (Last, First) \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Relationship \_\_\_\_\_

**(OVER)**

No representations, promises, or agreements as to occupancy or date of possession have been made, and this application shall not be construed as an agreement. The Applicant shall have the right to withdraw this application at any time, but the fee is non-refundable. The Applicant will be required to furnish additional information upon request.

It is the Applicant’s responsibility to notify us of any changes in address or telephone number. If we are unable to contact Applicant due to changes in address or phone, the Applicant will be removed from the waiting list.

I certify that all of the above information is TRUE:

_____	_____
Application must be signed by applicant	Date
_____	_____
Application must be signed by co-applicant	Date

How did you hear about our property?: \_\_\_\_\_

Please mail your completed application and non-refundable \$25 check to:  
Mayslake Village  
1801 35<sup>th</sup> Street  
Oak Brook, IL 60523  
Attention: Kelly Holakovsky

**CURRENT INFORMATION FOR CLOISTER COURT APPLICANTS**

<u>BEDROOM</u>	<u>SQUARE FOOTAGE</u>	<u>MONTHLY RENT</u>
One	790	\$ 890

**RENTS DO NOT INCLUDE UTILITIES.**

# PLEASE FILL OUT SECTION 3 AND REMEMBER TO SIGN



## BACKGROUND REQUEST FORM

29w 140 Butterfield Rd. Suite 105, Warrenville, IL 60555 Phone: (630) 873-2270 Fax: (630) 393-7825

SECTION 1 Check all that apply.	SECTION 2 (Print or type information)
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Pre-Pack 5: SSN/Criminal</span> <span><input type="checkbox"/> Drivers Pack (IL)</span> <span><input type="checkbox"/> Employee Pack</span> <span><input type="checkbox"/> Professional Pack</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Single State w/ Sex Offender</span> <span><input type="checkbox"/> County Criminal</span> <span><input type="checkbox"/> County Criminal NY</span> <span><input type="checkbox"/> Statewide Criminal</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Federal Criminal</span> <span><input type="checkbox"/> MultiState w/Sex Offender</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input checked="" type="checkbox"/> Civil Search (County)</span> <span><input type="checkbox"/> Civil Search (Federal)</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> SSN Trace</span> <span><input type="checkbox"/> Professional License</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Education Verification</span> <span><input type="checkbox"/> Motor Vehicle Records</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Workers' Comp Record</span> <span><input type="checkbox"/> Prior Employment</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Prior Employment Expand</span> <span><input type="checkbox"/> Business Credit Report</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> Employment Credit Report</span> <span><input type="checkbox"/> Tenant Credit Report</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><input type="checkbox"/> InstaEviction Screening</span> <span><input type="checkbox"/> Tax Return Verification</span> </div>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span><input type="checkbox"/> Employment</span> <span><input type="checkbox"/> Tenant</span> <span><input type="checkbox"/> Business</span> </div> <div style="margin-bottom: 10px;">Date: ____ / ____ / ____</div> <div style="margin-bottom: 10px;">CLIENT ACCOUNT NUMBER BR- _____</div> <div style="margin-bottom: 10px;">Requestor Name: _____</div> <div style="margin-bottom: 10px;">Phone: (    ) _____ Fax: (    ) _____</div> <div style="margin-bottom: 10px;">Return Results By: <input type="checkbox"/> Fax Only <input type="checkbox"/> Phone &amp; Fax <input checked="" type="checkbox"/> Mail</div>
SECTION 3 (Print or type information / All Entry's Are REQUIRED)	
<div style="margin-bottom: 10px;">*SEARCH ALL AKA'S:    YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></div> <div style="margin-bottom: 10px;">Subject Name: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </div> </div> <div style="margin-bottom: 10px;">Address: _____ Years there: _____</div> <div style="margin-bottom: 10px;">City: _____ State: _____ Zip: _____</div> <div style="margin-bottom: 10px;">Counties to Verify: A. _____ State ____ B. _____ State ____  C. _____ State ____ D. _____ State ____</div> <div style="margin-bottom: 10px;">S.S. #: _____ - _____ - _____ D.O.B.: ____ / ____ / ____</div> <div style="margin-bottom: 10px;">Driver's License #: _____ State: _____</div>	

In connection with, and duration of my employment or tenancy (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, credit and other reports. These reports will include information as to my character, work habits, wage/salary, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize and consent for full release of records (either orally or in writing), without reservation to any party or agency contacted by this rental institute to furnish the above-mentioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to my potential employment or residency, background resources inc., will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

\*SUBJECT SIGNATURE: \_\_\_\_\_

☐ CA, MN & OK RESIDENTS ONLY –Please check if you would prefer a copy of the requested investigative consumer report

\*SIGNATURE OF SUBJECT IS REQUIRED TO PROCESS YOUR REQUEST.

\*AKA'S WILL BE SEARCHED UNLESS OTHERWISE INDICATED/CHARGES WILL APPLY

**FAX THIS FORM BACK TO (630) 393-7825**