

Rental Application Instructions

- Step 1 Please have all applicants 18 years of age and over complete the attached application.
 - The application fee is \$40 per person (cash or money order made out to Illinois REO Sales, only!)
 - A credit report ran by another company and/or individual will not be accepted.
- Step 2 Email application to Kevin Conners illinoisreosales@gmail.com along with the following items:
 - Copy of ID(s) please enlarge it so it can be easily read
 - Copy of two (2) most current pay stubs
 - Copy of Money Order for application fee(s) made payable to Illinois REO Sales (Mail money order to Chase Real Estate c/o Kevin Conners, 1903 Springbrook Square Dr., Naperville, IL 60564)

Please call Kevin Conners directly at 708-990-2762 or e-mail at illinoisreosales@gmail.com with any questions.

Thank you!

Email: illinoisreosales@gmail.com; Application will not be processed until fee is received*



MAINSTREET ORGANIZATION OF REALTORS® CREDIT/BACKGROUND CHECK AUTHORIZATION



(This Form is to be Used by Brokers Only and not Disseminated to Landlords or General Public)

| One form per adult applicant, including marrie One form for married spouses with same last n | | |
|--|--|--|
| Applicant #1: | Phone: | |
| Any Other Name(s) Used: | Social Security Number: | |
| Drivers License Number: | Date of Birth: | |
| Applicant #2: | Dhona | |
| Applicant #2:Any Other Name(s) Used: | Phone: Social Security Number: | |
| Drivers License Number: | Doto of Birth: | |
| Drivers License Number: | Date of Birth: | |
| Present Address: | | |
| Previous Address: | How Long? | |
| ********** | ****************** | |
| ☐ Individual Credit Check - \$ | Individual Plus Spouse - \$ | |
| individual reports will be run. The individual rate of | me last name and same address. If spouses have different last names and/or addresses, two applies for each report. | |
| \$has been pai | d for this credit check. THIS SUM IS NOT REFUNDABLE. | |
| \$ has been paid | d for this background check. THIS SUM IS NOT REFUNDABLE. | |
| | Y OF CREDIT/BACKGROUND REPORT TO APPLICANT(S) | |
| <u>IS PROHIBITED.</u> | | |
| understand that this authorization shall be sought and if incorrect or untrue shall be investigation and credit check to be mad landlord(s) or other(s) with which I/we do | e authorization that the information therein is true and correct. I/We be incorporated in and become a part of the lease of the premises grounds for cancellation of the lease. I/We authorize a background be whereby information is obtained through interviews with my/our am/are acquainted. I/We understand I/we have the right to make a ant of time to receive additional detailed information about the nature | |
| Signature: | Date: | |
| Applicant #1 | | |
| Signature: | Date: | |

KEEP ALL ORIGINALS IN FILE

Email: illinoisreosales@gmail.com; Application will not be processed until fee is received



MAINSTREET ORGANIZATION OF REALTORS® APPLICATION FOR LEASE



(Please Fill Out One Form Per Adult Applicant)

| Location: | | |
|--|----------------------------|---|
| Landlord: | | |
| NEW LEASE TERMS: | | |
| Address: Month Rental: \$ | | |
| APPLICANT: | | |
| Applicant Name: | Phone: | |
| Present Address: | | |
| Date of Birth: | | |
| Driver's License Number: | | |
| Number to Occupy Premises: Adults: | Childre | en:Pets: |
| Ages of Boy(s): | Ages o | of Girl(s): |
| Present Landlord: | DI. | |
| Address: When Duck | Phone | E-mines |
| Present Rent: \$When Due: Reason for Moving: | Lease: | Expires: |
| Number of Years at Above Address: Are | vou Sharing Premises? | How Long? |
| If Classics December Circa Name (a) | | |
| | | |
| Previous Address: | P-1 | How Long? |
| Previous Landlord: | Phone | :: |
| Address: | | |
| E M P L O Y M E N T: | | |
| Employer: | | Years: |
| Address: | Phone: | Income: \$ per |
| Position: | Supervisor's Name: | |
| If less than two years, give former employer: | | Years: |
| Address: | Phone | × |
| Position: | Supervisor's Name: | |
| O T H E R I N C O M E : Source: | Amount: \$ | per |
| R E F E R E N C E S: | | |
| Name: | Relation: | |
| Address: Phone: | | |
| Phone: | E-Mail: | |
| Name: | | |
| Address: | | |
| Phone: | E-Mail: | |
| OTHER INFORMATION | | |
| Name of Nearest Adult Relative Not Living With You | | Relation: |
| Address. | | |
| | E-Mail: | |
| Any litigation (i.e. evictions, suits, criminal cases, jud | gments, bankruptcies, fore | closures)? If yes, please provide details |
| and dates: | | |
| When is the best time to contact you? | | |
| I certify that I have read the above application and incorrect or untrue information shall be grounds for whereby information is obtained through interviews | cancellation of the lease | . I authorize an investigation to be made |
| aware that the Landlord reserves the right to perform | | |
| Print Name | | |
| 1 THE INDIES | | |
| | | |
| Signature | Date | |