



**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 married spouses with different last names.

One form for married spouses with same last name and address.

Applicant #1: Steven White

Phone: 224-639-2288

Any Other Name(s) Used: _____

Social Security Number: 347-86-8272

Drivers License Number: W300-7968-8297

Date of Birth: 10-18-88

Applicant #2: _____

Phone: _____

Any Other Name(s) Used: _____

Social Security Number: _____

Drivers License Number: _____

Date of Birth: _____

Present Address: 1662 Brookdale Rd #21, Naperville, 60563

Previous Address: _____ How Long? 3 years

☐ Individual Credit Check - \$ _____ ☐ Individual Plus Spouse - \$ _____ **
(Both Signatures are Required)

*** This fee is charged for performance of a service. It is not to be considered the cost of the credit report.

** Per credit reporting agency, spouses must have the same last name and same address. If spouses have different last names and/or addresses, two individual reports will be run. The individual rate of \$ _____ applies for each report.

\$ _____ has been paid for this credit check. **THIS SUM IS NOT REFUNDABLE.**

\$ _____ has been paid for this background check. **THIS SUM IS NOT REFUNDABLE.**

PLEASE NOTE: PROVIDING A COPY OF CREDIT/BACKGROUND REPORT TO APPLICANT(S) IS PROHIBITED.

I/We certify that I/we have read the above authorization that the information therein is true and correct. I/We understand that this authorization shall be incorporated in and become a part of the lease of the premises sought and if incorrect or untrue shall be grounds for cancellation of the lease. I/We authorize a background investigation and credit check to be made whereby information is obtained through interviews with my/our landlord(s) or other(s) with which I/we am/are acquainted. I/We understand I/we have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of this investigation.

Signature: Steve White
Applicant #1

Date: 7/24/16

Signature: _____
Applicant #2

Date: _____

KEEP ALL ORIGINALS IN FILE



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 married spouses with different last names.
One form for married spouses with same last name and address.

Applicant #1: Lauren Holacinski
Any Other Name(s) Used:
Drivers License Number: K425-5338-8784

Phone: 630-456-6206
Social Security Number: 355-80-0886
Date of Birth: 6/29/88

Applicant #2:
Any Other Name(s) Used:
Drivers License Number:

Phone:
Social Security Number:
Date of Birth:

Present Address: 1462 Brookdale Rd. Apt 21 Naperville, IL 60563

Previous Address: same as above How Long? 3 years

☐ Individual Credit Check - \$ * ☐ Individual Plus Spouse - \$ **
(Both Signatures are Required)

*** This fee is charged for performance of a service. It is not to be considered the cost of the credit report.

** Per credit reporting agency, spouses must have the same last name and same address. If spouses have different last names and/or addresses, two individual reports will be run. The individual rate of \$ applies for each report.

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\$ has been paid for this background check. **THIS SUM IS NOT REFUNDABLE.**

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Signature: Lauren Holacinski
Applicant #1

Date: 7-24-16

Signature:
Applicant #2

Date:

KEEP ALL ORIGINALS IN FILE



MAINSTREET ORGANIZATION OF REALTORS®

APPLICATION FOR LEASE

(Please Fill Out One Form Per Adult Applicant)



Location: _____
Landlord: _____

NEW LEASE TERMS:

Address: 147 Heather Glen, Aurora
Month Rental: \$ 1325

APPLICANT:

Applicant Name: Steven White Phone: 224-639-2288
Present Address: 1662 Brookdale Rd #21, Naperville, IL 60563
Date of Birth: 10/18/88
Driver's License Number: W300-7968-8297
Number to Occupy Premises: Adults: 2 Children: — Pets: 2
Ages of Boy(s): — Ages of Girl(s): —

Present Landlord: Marquette Management
Address: 1662 Brookdale Rd #21 Phone: 866-292-3466
Present Rent: \$ 1192 When Due: 1st of month Lease: 12 month Expires: Sept 3rd
Reason for Moving: Need more space
Number of Years at Above Address: 3 Are you Sharing Premises? Yes How Long? 3 yrs
If Sharing Premises Give Name(s): Lauren Kolacinski

Previous Address: _____ How Long? _____
Previous Landlord: _____ Phone: _____
Address: _____

EMPLOYMENT:

Employer: Gabriel Group Years: 1
Address: 3922 N Cass Ave Westmont, IL 60559 Phone: 224-766-6465 Income: \$ 3000 per month
Position: Land Surveying Supervisor's Name: Dennis La
If less than two years, give former employer: Apex 3 Security Years: 3
Address: 25 N Winfield Rd, Winfield, IL 60190 Phone: 773-867-9204
Position: Public Safety Officer Supervisor's Name: Luke Malmberg

OTHER INCOME:

Source: _____ Amount: \$ _____ per _____

REFERENCES:

Name: Donald White Relation: Father
Address: 614 E Claredon Ave, Arlington Heights, IL 60004
Phone: 847-732-3754 E-Mail: _____
Name: Nick Bernero Relation: Friend
Address: 2558 N Oak St, River Grove, IL 60171
Phone: 708-209-7263 E-Mail: _____

OTHER INFORMATION:

Name of Nearest Adult Relative Not Living With You: Linda White Relation: Mother
Address: 822 E Old Willow Rd, Prospect Hts, IL 60070
Phone: 847-454-3302 E-Mail: _____

Any litigation (i.e. evictions, suits, criminal cases, judgments, bankruptcies, foreclosures)? If yes, please provide details and dates: _____

When is the best time to contact you? Any time

I certify that I have read the above application and that the information therein is true and correct. I understand that incorrect or untrue information shall be grounds for cancellation of the lease. I authorize an investigation to be made whereby information is obtained through interviews with my landlord(s) or other(s) with whom I am acquainted. I am aware that the Landlord reserves the right to perform a credit and/or background check.

Steven White
Print Name

Stu White
Signature

7-24-16
Date



MAINSTREET ORGANIZATION OF REALTORS® APPLICATION FOR LEASE

(Please Fill Out One Form Per Adult Applicant)



Location: _____
Landlord: _____

NEW LEASE TERMS:

Address: 147 Heather Glen
Month Rental: \$ 1325

APPLICANT:

Applicant Name: Lauren Kolacinski Phone: 630-456-6206
Present Address: 1662 Brookdale Rd. Apt 21 Naperville, IL 60563
Date of Birth: 6/29/88
Driver's License Number: K425-5338-8784
Number to Occupy Premises: Adults: 2 Children: 0 Pets: 2
Ages of Boy(s): — Ages of Girl(s): —

Present Landlord: Marquette Management
Address: 1662 Brookdale Rd. Apt 21 Phone: 630-292-3466
Present Rent: \$ 1192 When Due: 1st of month Lease: 12 month Expires: September 3rd
Reason for Moving: Need more space
Number of Years at Above Address: 3 Are you Sharing Premises? YES How Long? 3 years
If Sharing Premises Give Name(s): Steven White

Previous Address: _____ How Long? _____
Previous Landlord: _____ Phone: _____
Address: _____

EMPLOYMENT:

Employer: Sequel Youth and Family Services - Northem Illinois Academy Years: 3 yrs 10 months
Address: 998 Corporate Blvd. Aurora, IL 60002 Phone: 847-341-8000 Income: \$ 45,000 per year
Position: Therapist Supervisor's Name: Antonina Barr
If less than two years, give former employer: _____ Years: _____
Address: _____ Phone: _____
Position: _____ Supervisor's Name: _____

OTHER INCOME:

Source: _____ Amount: \$ _____ per _____

REFERENCES:

Name: Lisa Stevens Relation: friend
Address: 500 Canterbury Dr. Carol Stream, IL 60188
Phone: 630-819-9786 E-Mail: _____
Name: Sarah Jones Relation: friend
Address: 1049 Mountain Glen Way Carol Stream, IL 60188
Phone: 630-776-2333 E-Mail: _____

OTHER INFORMATION:

Name of Nearest Adult Relative Not Living With You: Donna Kolacinski Relation: mother
Address: 247 Pebble Creek Trail Carol Stream, IL 60188
Phone: 708-989-8494 E-Mail: _____

Any litigation (i.e. evictions, suits, criminal cases, judgments, bankruptcies, foreclosures)? If yes, please provide details and dates: _____

When is the best time to contact you? After 5pm M-F, anytime Sat and Sun.

I certify that I have read the above application and that the information therein is true and correct. I understand that incorrect or untrue information shall be grounds for cancellation of the lease. I authorize an investigation to be made whereby information is obtained through interviews with my landlord(s) or other(s) with whom I am acquainted. I am aware that the Landlord reserves the right to perform a credit and/or background check.

Lauren Kolacinski

Print Name

Lauren Kolacinski

Signature

7-24-16

Date