

# Mayslake Village

1801 Thirty-fifth Street

Oak Brook, Illinois 60523-2699

630-850-8232

Dear Applicant:

Thank you for your interest in Mayslake Village. Close to 45 years, the Franciscans envisioned a place where seniors would be able to live in an environment that was safe, affordable and able to serve the needs of the elderly. This vision was accomplished in Mayslake Village.

We are a federally funded, not-for-profit retirement community. Our apartments are subsidized by the Department of Housing and Urban Development (HUD); therefore, we adhere to their housing guidelines. Seniors, including physically challenged seniors, who meet HUD guidelines are accepted for residency regardless of race, creed, age, if 62 or older, or national origin. There are no entrance or endowment fees, but a security deposit is required upon admission.

Attached to this letter you will find the following:

- A description of the Center Building, including HUD income guidelines, rental fees, square footage of the apartments, and a floor plan.
- Definition of income and assets as defined by HUD to assist you in calculating your gross yearly income.
- An application, supplement to application form, and Background Request Form, authorizing criminal background checks.
- Calculation of Income Worksheet for your personal use.

Please review all of the information before completing the application, supplement form and Section 3 of the Background Request Form. The application, supplement form, and background form may be mailed, faxed, or hand delivered to:

Address: Mayslake Village Occupancy Department  
1801 Thirty-fifth St.  
Oak Brook, IL 60523-2699  
FAX: 630-850-8233

Mayslake Village is dedicated to serving seniors. Our residents know Mayslake Village as a “good place to live - a place where people care and whose residents feel at home.” We are pleased that you may consider Mayslake as your future home.

Sincerely,



Michael A. Frigo  
Vice- President

# Center Building



The Center Building is a mid-rise with one-bedroom apartments on the five upper floors. The ground floor houses the Senior Center and central laundry. Only the one-bedroom apartments are currently available for rent.

They are approximately 600 sq. feet in size, with a full kitchen, tub with shower, large storage closet, air conditioner, telephone jack and t.v. cable jack. Heat and air conditioning are individually controlled by the resident. Facilities in the Senior Center include the social services offices, library, auditorium, and craft/ceramics center.

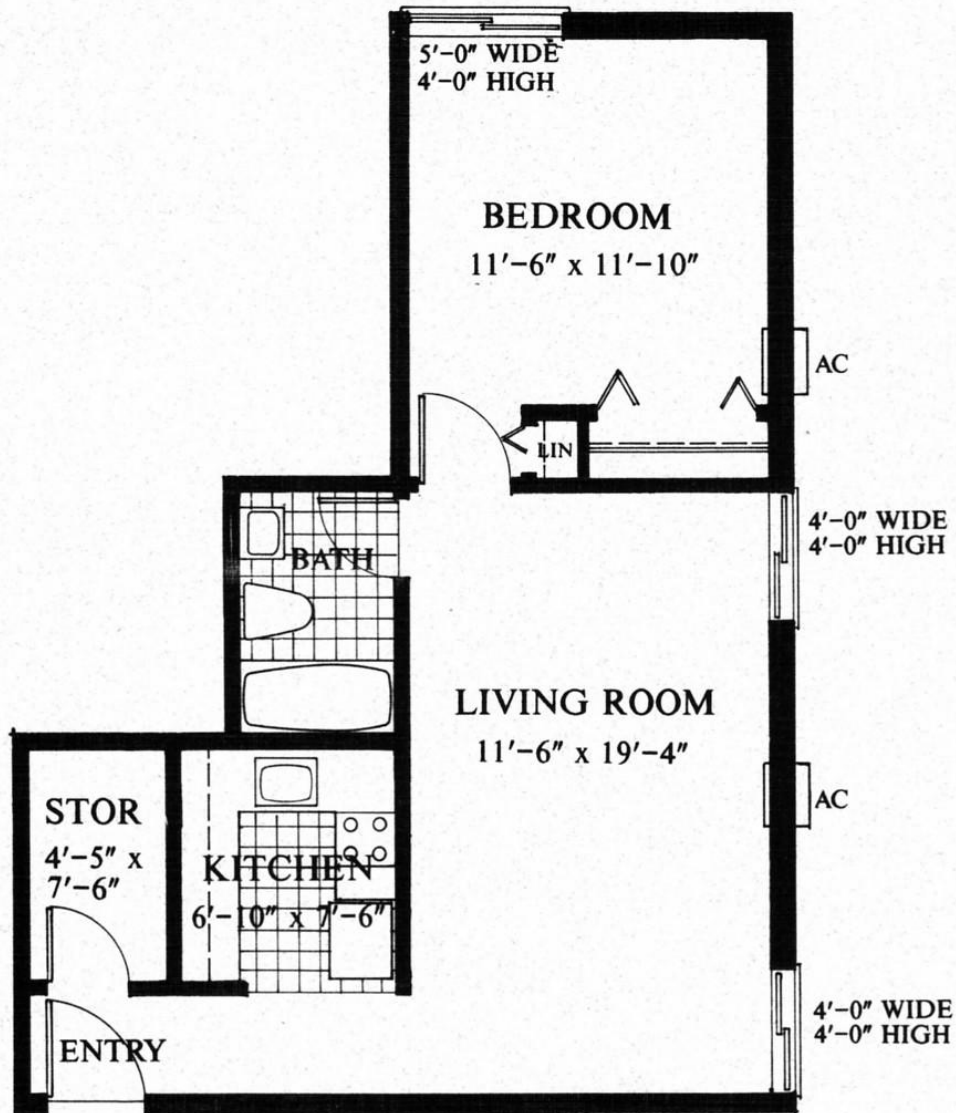
Most social events take place in the auditorium. The Center is conveniently located to other campus services. An interior walkway provides all-weather access to the Chapel, Wellness Center, dining room, take-out deli, administrative offices and U.S. Post Office out-station.

INCOME LIMITS:           \$42,500-single  
                                      \$48,550-couple

RENTAL AMOUNTS:   Minimum-\$581 a month  
                                      Maximum-\$600 a month

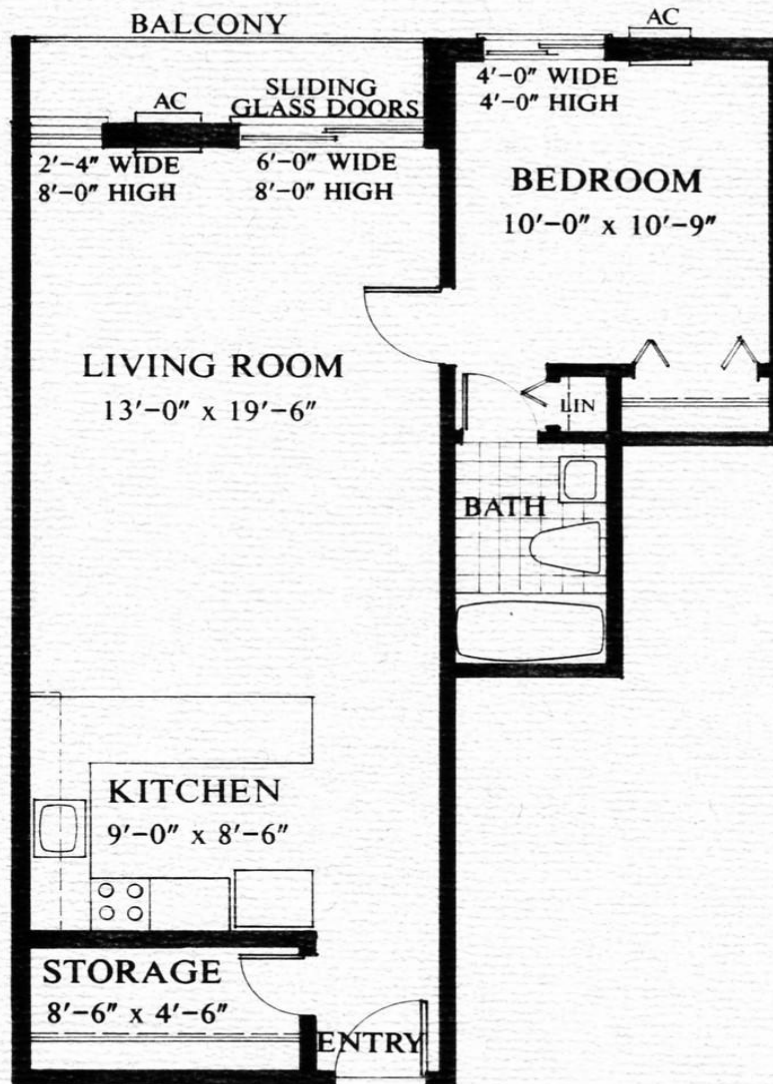
SQUARE FOOTAGE:   600 square feet

All utilities are included except for your phone, cable TV (if you choose), and the \$65.00 monthly meal card.



ONE BEDROOM  
(TYPE 1)

MAYSLAKE CENTER  
UNIT R



ONE BEDROOM  
(TYPE 2)

MAYSLAKE CENTER  
UNIT S

**DUE TO THE DEMAND FOR SENIOR HOUSING, WE ARE NOT ABLE TO HONOR SPECIFIC PREFERENCES (IE WHICH FLOOR, WHICH DIRECTION, ETC.) YOU MUST ACCEPT THE FIRST AVAILABLE APARTMENT OF THE TYPE YOU HAVE REQUESTED. FAILURE TO DO SO WILL RESULT IN REMOVAL FROM THE WAITING LIST FOR RESIDENCY AT MAYSLAKE VILLAGE.**

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
DEFINITION OF INCOME**

ANNUAL INCOME INCLUDES:

1. The **gross** amount (before any payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services of all adults of the household. Includes salaries received from a family-owned business.
2. The **gross** amount (before deductions for Medicare) of Social Security payments.
3. Periodic amounts from annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
4. Lump sum payments received because of delays in processing unemployment, Social Security, welfare or other benefits.
5. Payments in lieu of earnings, such as unemployment and disability compensation, workers' compensation and severance pay. Any payments that will begin during the next 12 months must be included.
6. Interest, dividends and other income from net family assets (including income distributed from trust funds). On deeds of trust or mortgages, only the interest portion of the monthly payments received by the applicant is included.
7. Veteran's Benefits.
8. Recurring monetary contributions or gifts regularly received from persons not living in the unit. (Includes rent or utility payments regularly paid on behalf of the family).

This list is not inclusive. There are additional forms of income which are rarely received in Senior households. HUD can make changes to these definitions.

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
DEFINITION OF ASSETS**

1. Current amounts in savings accounts and the average balance for the last six months for checking accounts.
2. Stocks, bonds, Treasury Bills, Certificate of Deposit, money market funds.
3. Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.
4. Principal value of trusts that are available to the household.
5. IRA, Keogh, and similar retirement savings accounts, even though withdrawal would result in a penalty.
6. The amount that can be withdrawn from pension and company retirement/pension funds while employed.
7. Personal property held as an investment (such as jewelry or antiques).
8. Inheritances, lottery winnings, capital gains, insurance settlements and other lump-sum amounts are generally considered assets.
9. Assets disposed of for less than fair market value during the two years preceding certification or recertification.

For Office Use Only

Date: \_\_\_\_\_

Bldg. \_\_\_\_\_

Time: \_\_\_\_\_

App. # \_\_\_\_\_

## Mayslake Village

### Application for Residency – Center Building Only

1. Head of Household \_\_\_\_\_  
Last First
2. Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
3. Address \_\_\_\_\_ City \_\_\_\_\_ State/Zipcode \_\_\_\_\_
4. Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ 5. Social Security # \_\_\_\_\_
6. U.S. Citizen \_\_\_ Yes \_\_\_ No If no, Resident Alien Status \_\_\_\_\_  
Do you speak English? \_\_\_ Yes \_\_\_ No. If no, what language? \_\_\_\_\_
7. If two persons are applying together, list second person (Co-Applicant) below:  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Social Security # \_\_\_\_\_
8. Marital Status: (Please circle) Married, Widowed, Separated, Divorced, Never Married
9. Years at present address \_\_\_\_\_ Please circle, if applicable: "Own" or "Rent"
10. Annual household income (estimate): \$ \_\_\_\_\_  
Income consists of, but is not limited to, salary and wages, pension, Social Security and investment income. (**Verification of all sources of income will be required before admission.**)
11. Total Value of assets (estimate): \$ \_\_\_\_\_  
Assets include: savings and checking accounts, stocks, bonds, treasury bills, certificates of deposit, money market funds, equity in property, trusts, IRA, Keogh and similar accounts, and assets disposed of for less than fair market value in the past 2 years. (**Verification of all assets will be required before acceptance.**)
12. Do you require an apartment that is accessible or designed for the physically challenged?  
(Please circle) Yes or No Please circle type: Mobility Vision Hearing
13. Next of kin or alternate contact person. (Someone who will know where to reach you).  
Name \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Relationship: \_\_\_\_\_

(continues on back side)





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with solving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**CALCULATION OF INCOME WORKSHEET**  
***MONTHLY INCOME AMOUNTS***

Social Security	\$
Pension	\$
SSI payments	\$
Wages	\$
Public Aid payments	\$
Veterans benefits	\$
Alimony	\$
Recurring gifts from family or friends	\$
Other	\$
Total monthly income	\$
<b>Total monthly income x 12</b>	<b>\$</b>

***CASH VALUE OF ASSETS***

Checking account/s	\$
CD's	\$
Savings account/s	\$
Stocks	\$
Bonds	\$
IRA's	\$
Real estate	\$
Gifts over \$1000 & year given	\$
Cash value of life insurance	\$
Other	\$
<b>Total cash value of assets</b>	<b>\$</b>
<b>Multiply total x 2%</b>	<b>\$</b>

**Total income from all sources: \$ \_\_\_\_\_**