

# STANDARD APPLICATION FOR LEASE

Please Attach proof of all income  
And current utility bill(s)

Processing Fee: **\$20.00/wage earner**  
Non-refundable

## HOFFMAN PROPERTY MANAGEMENT

Cell 815-988-4004

APPLICATION MUST BE FILLED OUT IN FULL-BOTH SIDES  
IF THERE ARE TWO PEOPLE ON THE LEASE BOTH MUST SIGN

\*\*\*The information on this application is strictly confidential and will be so kept by the management. The purpose of the information below is to verify the applicant's credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which is deemed necessary to complete the application. The undersigned hereby makes application for a rental unit located at

ADDRESS: \_\_\_\_\_

**APPLICANT :** \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_ Drivers License/State ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State \_\_\_\_\_ Apt # \_\_\_\_\_ How Long \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Please Check One: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live With Parents/Friends \_\_\_\_\_ Current Rent Amount \$ \_\_\_\_\_

Current Landlord Name/Address/Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State \_\_\_\_\_ Apt # \_\_\_\_\_ HowLong \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

LIST ALL PERSONS WHO WILL OCCUPY THE UNIT WITH YOU: OCCUPANT'S FULL LEGAL NAME, SS# if 16 yrs old+

A.	RELATIONSHIP	SSN	DATE OF BIRTH
B.	RELATIONSHIP	SSN	DATE OF BIRTH
C.	RELATIONSHIP	SSN	DATE OF BIRTH
D.	RELATIONSHIP	SSN	DATE OF BIRTH

### EMPLOYMENT INFORMATION: APPLICANT:

Employer \_\_\_\_\_ How Long \_\_\_\_\_ Yrs \_\_\_\_\_ Mo Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Income \$ \_\_\_\_\_ TAKE HOME (Net) (circle one) Paid: Weekly BI-Weekly Monthly

Previous Employer \_\_\_\_\_ How Long \_\_\_\_\_ Yrs \_\_\_\_\_ Mo Phone \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_ Drivers License/State ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State \_\_\_\_\_ Apt # \_\_\_\_\_ How Long \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Please Check One: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live With Parents/Friends \_\_\_\_\_ Current Rent Amount \$ \_\_\_\_\_

Current Landlord Name/Address/Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State \_\_\_\_\_ Apt # \_\_\_\_\_ HowLong \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT INFORMATION (co-applicant)**

Employer \_\_\_\_\_ How Long \_\_\_\_\_ Yrs \_\_\_\_\_ Mo Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Income \$ \_\_\_\_\_ TAKE HOME (Net) (circle one) Paid: Weekly BI-Weekly Monthly

Previous Employer \_\_\_\_\_ How Long \_\_\_\_\_ Yrs \_\_\_\_\_ Mo Phone \_\_\_\_\_

**ADDITIONAL INCOME:**

List any additional income you want considered (ex. Government Assistance, Child Support, Food Stamps) \_\_\_\_\_

**APPLICANT/CO-APPLICANT ADDITIONAL INFORMATION**

**VEHICLES (CARS OR BOATS, MOTORCYCLES, ETC.):**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Do You Have Any Pets? No\_\_ Yes\_\_ How Many? \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_  
Veterinary Clinic Name \_\_\_\_\_ Dr. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**References:**

Name of nearest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact (different from above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Person willing to help you pay your rent if you are unable to: Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**HAVE YOU OR CO-APPLICANT EVER?**

	APPLICANT		CO-APPLICANT	
FILED BANKRUPTCY?	YES	NO	YES	NO
HAD A JUDGEMENT AGAINST YOU? (Sued)	YES	NO	YES	NO
EVICTED OR SERVED AN EVICTION NOTICE?	YES	NO	YES	NO
BEEN CONVICTED OF A CRIME?	YES	NO	YES	NO
BROKEN A LEASE?	YES	NO	YES	NO

On a scale of 1-10 how do you rate yourself on housekeeping (1 being low, 10 being high)? \_\_\_\_\_

Do you own a lawnmower? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we visit your current residence? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Preferred method of payment: Payroll deduction \_\_\_\_\_, Check/Money Order mailed Monthly \_\_\_\_\_, Every other week \_\_\_\_\_, Every week \_\_\_\_\_

Do you have a checking or savings account? \_\_\_\_\_, Bank Name \_\_\_\_\_

Utilities currently in your name: Gas \_\_\_\_\_, Electric \_\_\_\_\_, Water/Garbage \_\_\_\_\_, Phone \_\_\_\_\_, Cable/Dish \_\_\_\_\_, Other \_\_\_\_\_

What appliances do you own? Fridge \_\_\_\_\_, Stove \_\_\_\_\_, Washer/Dryer \_\_\_\_\_, Other \_\_\_\_\_, (Fridges are not standard with the unit)

Are you interested in our rent to own programs? \_\_\_\_\_, Which appliances \_\_\_\_\_, House \_\_\_\_\_

HAS ANYONE FROM YOUR FAMILY, OR ANYONE ELSE WHO IS GOING TO BE LIVING WITH YOU,  
HAD A TEST FOR LEAD AND HAD AN ABOVE NORMAL READING? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER IS YES, WHAT IS THE PERSONS NAME AND WHAT WAS THE READING?

NAME \_\_\_\_\_ READING \_\_\_\_\_

IT IS UNDERSTOOD THAT THIS APPLICATION IS SUBJECT TO APPROVAL AND ACCEPTANCE BY MANAGEMENT. UPON APPROVAL OF APPLICATION FOR LEASE AND IN THE EVENT APPLICANT FAILS TO SIGN LEASE WITHIN 24 HOURS OF APPROVAL OR SUCH REASONABLE EXTENSIONS APPROVED BY MANAGEMENT, THEN IN THAT EVENT MANAGEMENT SHALL KEEP ALL MONEYS DEPOSITED AS LIQUIDATED DAMAGES FOR LOST RENTALS AND EXPENSES INCURRED. THIS APPLICATION WILL BECOME PART OF THE LEASE AGREEMENT WHEN APPLICANT IS APPROVED BY MANAGEMENT. THE UNDERSIGNED MAKE THE FOREGOING REPRESENTATION AS BEING TRUE AND ACCURATE. DEPOSIT IS FORFEITED IS THERE IS ANY MATERIAL MISREPRESENTATION IN THIS APPLICATION.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_