

**STANDARD APPLICATION FOR LEASE
HOFFMAN PROPERTY MANAGEMENT**

Cell 815-988-4004

APPLICATION MUST BE FILLED OUT IN FULL-BOTH SIDES

\$25.00 application fee per
qualifying adult.

You must have all income
verification available at time of
application pickup. Please call
when you are ready.

***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 your 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.

Rental Address Applied for: _____.

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: _____

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: _____

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) _____

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 _____

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

Do you own a lawnmower? You will be responsible for lawn maintenance. Yes ____ No ____

Can we visit your current residence? Yes ____ No ____ When? _____

Preferred method of payment (rent is paid electronically): Venmo ____ Chase Quick Pay ____ Zelle ____ CashApp ____ Cozy ____

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)

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 _____