

HALLMARK & JOHNSON

PROPERTY MANAGEMENT

6160 North Cicero Avenue Suite 620
Chicago, Illinois 60646-4395

Phone (773)545-6160 • Fax (773) 685-8402

APPLICATION FOR OCCUPANCY/CREDIT CHECK

ACCEPTABLE PHOTO ID REQUIRED

Address of Apartment for Rent:		Apt. No.	City State Zip	Monthly Rent \$ Security Deposit \$	Pets: Yes ___ No ___ Type: ___ No. ___ If YES is Pet Lease attached?	OCCUPANTS	
Length of Lease Months	Lease to Begin	Apartment Size (1) Bdrm ___; (2) Bdrm ___; (3) Bdrm ___; (4) Bdrm ___; Studio ___; Other ___	RENT INCLUDES	PARKING	APARTMENT INCLUDES	# ADULTS	# CHILDREN
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Door Sign	Heat ___ Yes ___ No ___	Carpet ___	Yes ___ No ___	Refrigerator ___	BOYS	
<input type="checkbox"/> Friend	<input type="checkbox"/> (Other) (explain)	Elect. ___	Stove ___	Monthly Rent \$	DO YOU HAVE A WATERBED? YES ___ NO ___	GIRLS	AGES
Referred to this Apartment by:		RENT INCLUDES		APARTMENT INCLUDES		AIR CONDITIONER	
		Heat ___ Yes ___ No ___		Carpet ___		YES ___ NO ___	
		Elect. ___		Refrigerator ___			
		Other ___		Stove ___			

PLEASE PRINT. FILL OUT ALL INFORMATION. EACH PERSON MUST COMPLETE ALL INFORMATION. ALL charges must be paid by **MONEY ORDER, CERTIFIED CHECK or CASHIER'S CHECK. A \$35.00 credit check fee MUST accompany this application FOR EACH APPLICANT, which is NON-REFUNDABLE.**

APPLICANT: _____ SINGLE MARRIED DIVORCED SEPARATED
Date of Birth: _____ Social Security # _____ E-Mail Address: _____

Home/Cell Phone: _____ Work Phone: _____
PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Drivers Lic.# _____ State: _____ Currently Sharing Apt. with _____
CO-APPLICANT: _____ SINGLE MARRIED DIVORCED SEPARATED

Date of Birth: _____ Social Security # _____ E-Mail Address: _____
Home/Cell Phone: _____ Work Phone: _____

PRESENT ADDRESS: _____ City _____ State _____ Zip _____
Drivers Lic.# _____ State: _____ Currently Sharing Apt. with _____

RESIDENCE INFORMATION
APPLICANT LANDLORD: _____ Phone: () _____ How Long? _____

Landlord Address: _____ City _____ State, Zip: _____ Present Rent \$ _____
Reason for moving from present address: _____

CO-APPLICANT LANDLORD: _____ Phone: () _____ How Long? _____
Landlord Address: _____ City _____ State, Zip: _____ Present Rent \$ _____

Reason for moving from present address: _____

EMPLOYMENT INFORMATION
APPLICANT EMPLOYER: _____ Supervisor: _____ How Long? _____

Address: _____ City _____ State, Zip: _____ Phone () _____
Position: _____ Date Started: _____ Monthly Gross Income: \$ _____

Additional Monthly Income: \$ _____ Explain: _____
(If with Present Employer for more than 5 Years skip Previous Employer)

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____
Address: _____ City _____ State, Zip _____ Phone () _____

Position: _____ Date Started: _____ Monthly Gross Income: \$ _____
CO-APPLICANT EMPLOYER: _____ Supervisor: _____ How Long? _____

Address: _____ City _____ State, Zip: _____ Phone () _____
Position: _____ Date Started: _____ Monthly Gross Income: \$ _____

Additional Monthly Income: \$ _____ Explain: _____
(If with Present Employer for more than 5 Years skip Previous Employer)

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____
Address: _____ City _____ State, Zip _____ Phone () _____

Position: _____ Date Started: _____ Monthly Gross Income: \$ _____
(OVER)

OFFICE USE ONLY

Approved: _____ Date: _____
Notes: _____

Monies Received:
Credit Check Fee \$ _____
First Month Rent: \$ _____
Security Deposit: \$ _____
Parking Deposit \$ _____

FINANCIAL INFORMATION

Have you ever been evicted from an apartment? _____ Applicant _____ Co-Applicant _____
Do you have any judgments or suits against you? _____
Have you ever declared bankruptcy? _____
Have you ever willfully or intentionally refused to pay rent when due? _____
If YES explain on a separate sheet. _____

OTHERS TO SHARE APARTMENT

Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency please contact the following:

APPLICANT:

Parent or nearest relative:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____, Zip: _____
Phone: (____) _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____, Zip: _____
Phone: (____) _____
Any additional information you feel is important _____

CO- APPLICANT

Parent or nearest relative:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____, Zip: _____
Phone: (____) _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____, Zip: _____
Phone: (____) _____
Any additional information you feel is important _____

Pursuant to State and Federal Fair credit reporting acts, this is to inform you that an investigation and/or credit report involving the statements made on your rental application at the above-mentioned address will be made. These inquires include but are not limited to financial resources, public record, general reputation, personal character, mode of living, and credit history. Applicant(s) hereby certify that the information is true and correct. Applicant(s) also understands and accept that any information provided that is incomplete, inaccurate, or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such falsified information. I also understand that once this application is approved by Hallmark & Johnson Property Management, Ltd., **THE APARTMENT WILL NOT BE HELD FOR ME WITHOUT FULL PAYMENT OF THE FIRST MONTHS RENT, THE REQUIRED SECURITY DEPOSIT AND A FULLY EXECUTED LEASE.** If for any reason whatsoever Hallmark & Johnson Property Management, Ltd. is unable to make the apartment available, which is the subject of this application, at the beginning of the lease term, I hereby waive any and all rights to seek to recover any damages whatsoever against you, including without limitation, actual, punitive or consequential damage. IT IS OUR POLICY NOT TO DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, AGE OR SEX.

SIGNATURES

Applicant _____ Date: _____
Co-Applicant _____ Date: _____