

HALLMARK & JOHNSON

PROPERTY MANAGEMENT

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

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

OFFICE USE ONLY

Approved: _____ Date: _____
Notes: _____

Monies Received:

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

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		
						# _____	# _____	
						ADULTS	CHILDREN	
Length of Lease _____ Months	Lease to Begin _____	Apartment Size (1) Bdrm _____; (2) Bdrm _____; (3) Bdrm _____; (4) Bdrm _____; Studio _____; Other _____			BOYS			
Referred to this Apartment by:			RENT INCLUDES	PARKING	APARTMENT INCLUDES	AGES		
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Door Sign _____	Heat _____	_____ Yes _____ No	_____ Yes _____ No	Carpets _____ Refrigerator _____ Stove _____	GIRLS		
<input type="checkbox"/> Friend: _____	<input type="checkbox"/> (Other _____ explain _____)	Elect. _____	Monthly Rent \$ _____				AIR CONDITIONER _____ YES _____ NO	
		Other _____		DO YOU HAVE A WATERBED? _____ YES _____ NO				

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 ___ SEPERATED

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 ___ SEPERATED

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 that 5 Years skip Previous Employer)

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____

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

Position: _____ Period Employed: _____ 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 that 5 Years skip Previous Employer)

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____

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

Position: _____ Period Employed: _____ Monthly Gross Income: \$ _____

(OVER)

FINANCIAL INFORMATION

	Applicant	Co-Applicant
Have you ever been evicted from an apartment?	_____	_____
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: _____