

RENTAL APPLICATION

Landlord:
HMH Rentals, LLC-Series 2
1605 S STATE ST STE 101
CHAMPAIGN, Illinois 61820-7264

This Application is made to rent:

for a term of 12 Months.

Desired date of occupancy: _____

Desired length of occupancy: _____

No. of Bedrooms: _____

Reason for moving: _____

The rent shall be \$ _____ per month, payable in advance by cashiers check or money order and by ACH, cashiers check or money order on the 1st of every month thereafter .

The following deposits are required before taking possession of the premises :

- **Security deposit of \$ _____**
- **Non Refundable Pet deposit of \$200.00 per pet if pet will reside on premises.**
 - The following dog breeds are not covered by Landlords liability insurance and are not allowed on the premises at any time for any reason. Having one of the following breeds on the premises shall constitute a breach of the lease agreement and shall be cause for immediate eviction.
 - Dog Breeds or any mix breed dog containing one of the following breeds are not allowed: Doberman Pinscher, Pit bull, Rottweiler, Chow Chow, Wolf dogs and wolf hybrids, Presa Canario (Canary dog), Akita, German Shepherd, Husky, Mastiff, Alaskan Malamute, Bullmastiff, Caucasian Shepherd, American Bulldog, Cane Corso, Great Dane.

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The Security deposit will be returned to the Applicant if the Premises are turned over in the same condition that they were received in when tenant took possession at the start of the lease agreement. Costs associated with returning the premises to this same condition will be deducted before being returned to tenant at the end of the lease agreement. Deductions can include but are not limited to, payment of outstanding balances, negligent damage to the premises and cleaning.

The total amount of \$ _____ shall be due upon occupancy of the Premises.

APPLICANT INFORMATION

Name: _____

No. of occupants: Adults: _____ Children: _____

Water bed: Yes _____ No _____

Smokers: Yes _____ No _____

Pets: Yes _____ No _____

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone No.: (____) _____

Landlord's Name: _____

Phone No.: (____) _____

Current rent payment: _____

Reason for moving: _____

PRIOR ADDRESS: _____

How long at prior address: _____

Landlord's Name: _____

Phone No.: (____) _____

Rent payment: _____

Reason for moving: _____

Social Security No.: _____ - _____ - _____

Driver's License No. : _____

Vehicle Model: _____ Year: _____

License No.: _____

Vehicle Model: _____ Year: _____

License No.: _____

SOURCES OF INCOME: Secondary documentation for verification may be requested.
Such as a paystub, bank statement, Employer verification, etc

Wages \$ _____

Salary. \$ _____

Commissions. \$ _____

Tips \$ _____

Gov't assistance. \$ _____

Child support/Alimony. \$ _____

Other. \$ _____

CURRENT EMPLOYER: Secondary documentation from employer may be requested.

Employer: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

PRIOR EMPLOYER:

Employer: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: _____

Address: _____

Home Phone No.: (____) _____

Relationship: _____

CREDIT REFERENCES:

Credit Card Name: _____

Issuing Bank: _____

Credit limit: _____

Balance owed: _____ Monthly payment: _____

Credit Purchases (e.g. store account)

Name: _____

Credit limit: _____

Balance owed: _____ Monthly payment: _____

Do you own real estate?

Yes ___ No ___ If yes, please explain where:

Have you ever been evicted from any rental Premises?

Yes ___ No ___ If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due?

Yes ___ No ___ If yes, please explain:

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes ___ No ___ If yes, please explain:

Have you ever been convicted of a felony?

Yes ___ No ___ If yes, please explain:

IF A SECOND ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE A SEPARATE RENTAL APPLICATION FORM.

Please provide names of other occupants, including children and anyone who will live with you, even if on a temporary basis.

Name: _____

Present Address: _____

How long at present address: _____ Home Phone No.: (____) _____

Adult: _____ Child's Age: _____ Relationship: _____

Occupation: _____ School: _____

CO-SIGNER INFORMATION

(If Monthly rent payment exceeds 35% of applicants income then Co-Signer required.)
Please complete for sole purpose of allowing Landlord to do a credit check.

Name: _____

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone: (____) _____

Employer: _____

Address: _____

Position: _____

How long: _____

Supervisor: _____

Business Phone: (____) _____

Social Security No.: _____ - ____ - _____

Driver's License No.: _____

Do you own real estate: Yes ___ No ___

Where? _____

Annual Income: _____

SOURCES OF INCOME:

Wages. \$ _____

Salary. \$ _____

Commission. \$ _____

Tips. \$ _____

Gov't assistance. \$ _____

Child support/Alimony. \$ _____

Other. \$ _____

PRIOR EMPLOYER: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

CREDIT REFERENCES:

Credit Card Name: _____

Issuing Bank: _____

Credit limit: _____

Balance owed: _____ Monthly payment: _____

Credit Purchases (e.g. store account)

Name: _____

Credit limit: _____

Balance owed: _____ Monthly payment: _____

PETS:

Name: _____

Type/Breed: _____

Size: _____

Indoor: _____ Outdoor: _____

Name: _____

Type/Breed: _____

Size: _____

Indoor: _____ Outdoor: _____

I represent that the information provided in this Application is true and correct to the best of my knowledge. HMH Rentals, LLC-Series 2 is authorized to verify all information given in this Application. I acknowledge receipt of a copy of this application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-signer Signature Section

I represent that the information provided in this Application is true and correct to the best of my knowledge. HMH Rentals, LLC-Series 2 is authorized to verify all information given in this Application. I acknowledge receipt of a copy of this application.

Co-signer's Signature

Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant(s) may be used by HMH Rentals, LLC-Series 2 to determine whether to accept this Application. Upon written request within 60 days, HMH Rentals, LLC-Series 2 will disclose to the Applicant in writing the nature and scope of any investigation HMH Rentals, LLC-Series 2 has requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted: _____ Refused: _____

By: _____

