

Hahn Rental, LLC Rental Application

If a question does not pertain to you, please indicate so by writing N/A. Please return a copy of this application to thehahnrental@gmail.com - please also send a text to 217-821-1136 to advise of its return

A. HOUSEHOLD MEMBERS - ADULT

List yourself and residents over the age of 18. Children should be listed in Part B.

ADULT #1

Last Name	First Name	MI	Social Security Number
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Birth Place (City, State)	Date of Birth	Driver's License# or State ID#
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Current Street address	City	State	Zip Code
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Home phone number	Cell phone number
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Name and complete mailing address of current landlord

MARITAL STATUS (circle one):

Single Married Widowed Divorced Separated

EMPLOYMENT STATUS (circle all that apply):

Employed Unemployed Self Employed Retired Disabled Handicapped Veteran Student

PLEASE PROVIDE YOUR PRIOR ADDRESSES FOR THE PAST 2 YEARS

Prior Street address	City	State	Zip Code
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Prior Street address	City	State	Zip Code
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Prior Street address	City	State	Zip Code
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ADULT #2

Last Name	First Name	MI	Social Security Number
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Birth Place (City, State)	Date of Birth	Driver's License# or State ID#
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Current Street address	City	State	Zip Code
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Home phone number	Cell phone number
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Name and complete mailing address of current landlord

MARITAL STATUS (circle one):

Single Married Widowed Divorced Separated

EMPLOYMENT STATUS (circle all that apply):

Employed Unemployed Self Employed Retired Disabled Handicapped Veteran Student

PLEASE PROVIDE YOUR PRIOR ADDRESSES FOR THE PAST 2 YEARS

Prior Street address	City	State	Zip Code
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Prior Street address	City	State	Zip Code
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Prior Street address	City	State	Zip Code
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B. HOUSEHOLD MEMBERS - MINORS

List all residents under 18 years of age who will be living with you regardless of the amount of days per month along with each of their birthdates.

Minors Name	Birthdate
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_____	_____
_____	_____
_____	_____
_____	_____

C. INCOME

Complete the portion below for each person who will be working in the household.

1. _____
Employee/Tenant Candidate Name Occupation

Employer's Name Address City, State, ZIP

\$ per hour or pay period How often are you paid? Start Date

Name and address of previous employer Dates employed

2. _____
Employee/Tenant Candidate Name Occupation

Employer's Name Address City, State, ZIP

\$ per hour or pay period How often are you paid? Start Date

Name and address of previous employer Dates employed

Does any household member receive or expect to receive money from any source listed below? If yes, list name of recipient, name of source and monthly amount received.

Item	Circle	Names of recipient and source	Monthly amount
General Assistance	Yes No	_____	_____
Unemployment	Yes No	_____	_____
Workers Comp	Yes No	_____	_____
Child Support	Yes No	_____	_____
Spouse Support	Yes No	_____	_____
Social Security	Yes No	_____	_____
SSI	Yes No	_____	_____
Pension/Retirement	Yes No	_____	_____
Veteran's Benefits	Yes No	_____	_____
Other, Explain	Yes No	_____	_____

D. REGULAR MONTHLY EXPENSES

Rent \$	Credit card \$
Phone \$	Credit card \$
Cell phone \$	Loan \$
Medical expenses \$	Loan \$
Electric \$	Cable \$
Car payment \$	Rentals \$
Insurance \$	Water \$
Car Insurance \$	Other: \$

E. PERSONAL BACKGROUND (PLEASE CIRCLE YES OR NO)

1. Have you or any member of your household ever engaged in felonious use, possession or manufacture of methamphetamine or other drugs, or been ARRESTED for any drug related criminal activity? Yes No

If yes, please give dates and charges, city and state: _____

2. Have you or any member of your household ever been ARRESTED for a criminal activity other than a traffic violation? Yes No

If yes, please give dates and charges, city and state: _____

3. Are you or any household member subject to a registration requirement under a state sex offender registration program? Yes No

If yes, please give offender's name: _____

4. Have you or any member of your family been a party to any suits, judgements, collections, foreclosures, or bankruptcies? Yes No

If yes, please give dates and charges, city and state: _____

5. Are you a current user of drugs? Yes No

6. Do you abuse alcohol to the extent that you are a danger to others' health, safety, or right to peaceful enjoyment? Yes No

7. Please circle yes or no for each question.

Have you ever been evicted, had property foreclosed upon or requested to vacate a property? Yes No

Have you ever refused to pay rent? Yes No

Have you ever had your wages garnished? Yes No

Have you ever had a security deposit not refunded? Yes No

Have you ever broken a lease? Yes No

Have you ever been sued for or accused of damaging rental property? Yes No

Have you ever sued a landlord or included a landlord in a bankruptcy? Yes No

Are you subject to being transferred with your job? Yes No

Do you know of anything that may interrupt your ability to pay rent? Yes No

Is there anything to prevent you from placing utilities in your name? Yes No

Do you smoke? Yes No

Do you have any pets? Yes No

8. Name of closest family member not living with you who would know how to reach you:

Name _____ Relationship to you _____

Address _____
Street City State Zip Code

Phone _____

G. OTHER/EXPLANATIONS

Use the area below to add information or to further explain any of your previous answers.

Read the following certification and notice before signing

APPLICANT CERTIFICATION & NOTICE

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income of any household member within fifteen (15) days of the change. I also understand that no one nor animals of any kind are permitted to move into my unit should I qualify for one without prior written approval of my landlord.

I certify that all information given regarding household composition, income, allowances, personal background, and rental history is accurate and complete to the best of my knowledge and belief.

I further understand that by signing this application and if I am advanced as a final candidate, I give permission to the Landlord and its affiliates to process my information for a credit and background screening, including rental history and a police check. I agree to sign additional background screening paperwork when requested. I am aware and willing to pay the required fee prior to the processing of the advanced background screening.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM

Signature

Date

Printed Name

Signature

Date

Printed Name