



# HOFFHINES PROPERTIES RENTAL APPLICATION

Fill out application for  
each adult applicant.

AS OF 8-1-23  
40.00 APPLICATION FEE

Date \_\_\_\_\_

Applicant \_\_\_\_\_  
First Name Middle Initial Last Name

Over 18?  Yes  No

Current Address \_\_\_\_\_  
Number, Street, Apt. # City State Zipcode

Household Members - Total Number \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Household Member Name(s)	Relationship	Sex	PHONE NUMBER	DATE OF BIRTH

Is there anyone other than those listed on this application whose credit may impact on yours?  Yes  No  
If yes, explain: \_\_\_\_\_

### RESIDENCE HISTORY

Did the people above live together at the residences below?  Yes  No  
If no, explain: \_\_\_\_\_

A. Present Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Present Landlord \_\_\_\_\_  
Name Address City, State, Zipcode Phone

B. Previous Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Landlord \_\_\_\_\_  
Name Address City, State, Zipcode Phone

C. Previous Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Landlord \_\_\_\_\_  
Name Address City, State, Zipcode Phone

### EMPLOYMENT & INCOME REFERENCES

A. Employed by \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
Dept. or Position \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

B. Spouse's/Roommate's Employment \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
Dept. or Position \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

C. Other Income (list) \_\_\_\_\_

### Character References (list those you've known at least 1 year) ONLY IF NO LANDLORD REFERENCE

- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Convictions:**

Have you or any household member(s) been convicted of a felony within the last 5 years?  Yes  No  
If yes, please indicate what the conviction was for: \_\_\_\_\_

**MISCELLANEOUS**

**Description of Pets:** \_\_\_\_\_ **Size:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Number of Cars:** (Include Company Cars) \_\_\_\_\_

1) Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
2) Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

**Physical Modifications:** Any Needed? \_\_\_\_\_ If so, what? \_\_\_\_\_  
Who will do? \_\_\_\_\_

Who will pay? \_\_\_\_\_

**In case of emergency, notify:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I/we certify that the above is true to the best of our knowledge and that we are the person/s who will reside in the residence.

I/we agree to allow **HOFFHINES PROPERTIES** (Landlord)

authorization to investigate any personal, financial, and credit records, through investigative or credit checking means of the landlord's choice for the purpose of determining my/our acceptability to rent property at:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Deposit with Application** \$ \_\_\_\_\_ **\$40 APP FEE PAYABLE TO HOFFHINES PROPERTIES**  
\_\_\_\_\_ **COPY OF DRIVERS LICENSE**

**▼ FOR OFFICE USE ONLY ▼**

**APARTMENT INFORMATION:**

Address of Unit Rented		Apt. No.	City & State	Zipcode	# of Occupants	# of Pets
Length of Lease	Unit Size		Move-In Date	Monthly Rent		
	House	Apt.				

**INVESTIGATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_

LL REF.	LENGTH OF RESIDENCY	PAYMENT EXPERIENCE	CONDITION OF PREMISES	DAMAGE AMOUNT	NOISE COMPLAINTS	NOTICE GIVEN	RENT AMOUNT
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Applicant Employment) Started \_\_\_\_\_ Salary Quote \_\_\_\_\_  
 Satisfactory Employee \_\_\_\_\_ Anticipated Lay-off within 90 days \_\_\_\_\_  
 (Spouse's Employment) Started \_\_\_\_\_ Salary Quote \_\_\_\_\_  
 Satisfactory Employee \_\_\_\_\_ Anticipated Lay-off within 90 days \_\_\_\_\_