RENTAL APPLICATION

Property Address: ______

INFORMATION ON EACH ADULT MUST BE INCLUDED IN THIS APPLICATION

PLEASE PRINT – All information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people who have a history of paying rent on time need apply.

• • •		
How did you find out about us?Sign	NewspaperFriendOnlin	neOther
YOUR PE	RSONAL INFORMATION	
Full Name	Phone/Cell ()	Work ()
Social Security Number	Birth Date:	Age:
Present Address	City	ST Zip
How long? If renting, Apartment	nt name/location	Ph
Landlord/Mgr name	Curr	ent Rent \$
Landlord Phone (must have)	Why are you leaving?	
Previous Address	City	ST Zip
How long? If rented, Apt name	/location	Ph
Landlord/Mgr name	Rent	Payment \$
Landlord Phone (must have)	Why did you leave?	
Present Employer	Position	How long?
Address	Phone (m	ust have)
Gross Monthly Income before deductions \$	Other income \$	Source
Former Employer	Position	How long?
Address	Phone (m	ust have)
Why did you leave?		
	ERGENCY CONTACT	
Name	Relationship	Phone ()
Address	Citv	ST Zin

CREDIT REFERENCES

Bank	Acct #	<u></u>	Branch
City	ST Approx. Balaı	nce	How long?
Other Active Credit References: _		Acct #	Exp Date
Type of Acct	_ Credit Limit	How long?	Current?
Other active credit ref:		Acct #	Exp Date
Have you ever been evicted?	_ Yes No Fored	closure/repossession? _	Yes No
Bankruptcy? Yes No	If yes, Chapter 7,	Chapter 13	
Have you ever been convicted of	a crime, other than a traff	ic violation? Yes	No
If yes to ANY of the above, give	Date a	nd explain:	
List 2 persons, OTHER THA		m we may contact to v	
Name	Relationsh	nip Phone ()
Address	City	ST	Zip
Name	Relationsh	nip Phone	()
Address	City	ST	Zip
List all persor	OTHER INFORM s, including children, who		elling.
Name	Relationship _	Age _	
Name	Relationship _	Age _	
Name			
Name	Relationship _	Age _	·
Do you have any pets? Yes \$300 pet deposit per pet . Manag Non-compliance with this will resu	ement approval and paym	nent of fees is required	prior to move-in.

Date of des	sired occupa	ncy:					
Will you ag	ree to contr	act into a one-	year lease? _	YesNo If n	o, why no	ot?	
Check which	ch of the foll	owing you owr	nVacuum	Cleaner Lawn Mov	wer V	Vaterbed	
Do you sm	oke? Y	es No	If yes, would	you agree to smoke or	utside the	e dwelling? YN	1
List all mot	or vehicles t	:hat will be kep	ot at the prop	erty.			
Make	Color	Model ———	Year	License Plate #		Mo. Payment \$	
						\$	
						\$	
available. F void. I declare th contacted t their Author any agreen the applica present or application Any false in	nat the applito release the orized Agents nent and/or tion information with and at any office the original and at any office the original terminal	cation is comp e credit or per s, at any time, credit extende tion including lords, employe time in the fut vill constitute o	lete, true and sonal information for the purpoid. I further a but not limited rs and personare, with regarounds for re	d correct and I herewith ation of the undersigned between the street of entering into and authorize Management of the d to obtaining criminal and references, whether and to any agreement of ejection of the application	m give my d applicar d continuit or their Ar records, related or entered in on, or Ma	permission for anyone to the Management of the Management of the Management of the Contacting creditors, not, at the time of the to with Management.	e oi n erif
				Date			
Applicant's	Signature (Authorization)					
Applicant's	Printed Nan	ne					

EMPLOYMENT VERIFICATION

From:	, prospective resident
Re: prospective tenancy	
Date:	
To:	, employer
I authorize you to give the requested inform	mation below to my prospective landlord:
Signed:	
Dear Sir or Madam: The above named employee has applied to name as his or her employer.	rent one of our rentals and has given your
provide us with the needed information bel to us at 574-287-1039 , or mail it to Leas To verify the information he or she has give provide us with the needed information bel	en to us on the rental application can you please ow? You may fax this completed form back ing Agent, 2217 Lincolnway West, South Bend, IN 46628. en to us on the rental application can you please ow? You may fax this completed form back ing Agent, 2217 Lincolnway West, South Bend, IN 46628.
Thank you for your cooperation.	
Sincerely,	
Leasing Agent	
Job Title of Applicant:	
Full or part-time position? Full Part	Permanent? Yes or No
Salary: Weekly \$ Bi-Weekly \$_	Monthly \$
How long has the applicant been employed]?
Name of person providing this information:	
Title	Date

TENANT HISTORY/VERIFICATION

	, prospective resident
Date:	
To:	, previous/current landlord
I authorize you to give the requested in	nformation below to my prospective landlord.
Signed:	
Dear Sir or Madam: The above name person has applied to his/her previous or current landlord.	rent one of our rentals and has given your name as
provide us with the needed information	s given to us on the rental application can you please n below? You may fax this completed form back Leasing Agent, 2217 Lincolnway West, South Bend, IN 46628.
Thank you for your cooperation.	
Sincerely,	
Leasing Agent	
How long has/did the applicant live the	ere?
If still there, are they current on their r	rent payments? Yes or No If no, explain:
Did/do they pay rent on time? Yes o	or No If no, explain:
Did/do they keep the premises clean?	Yes or No If no, please explain:
	cted this dwelling:
Are you going to have to replace or rep	pair anything in the rental after they vacate?
Which lease is this applicant currently (under: month to month 1 year lease
Name of person providing this informat	tion:
Titlo	Data