

APPLICATION FOR LEASE

Circle Address: **2029 / 2031** North Emerson Avenue Date _____

Each adult (18 years or older) or income provider must complete an application. Please print neatly. If your application cannot be read correctly, it may be rejected.

TENANT IDENTIFICATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Felony or Sex Offender conviction: Yes _____ No _____

SSAN or Green Card Number _____ D/L or ID Number _____

Home Phone Number _____ Cell phone number _____

Email address _____ Number of vehicles that will require parking spaces _____

CURRENT ADDRESS

Address _____

Landlord _____ Landlord's Phone Number _____

How long at current address _____ Landlord knows applicant may move. Yes ___ No ___

Reason for Moving _____

Rent/Mortgage Amount _____ Utilities/Month _____

Number of late payments in last year _____ Eviction notices in last 3 years _____

Evictions in last 3 years _____ Why _____

PREVIOUS ADDRESS

Address _____ How long at previous address _____

Landlord _____ Landlord's Phone Number _____

CURRENT EMPLOYER

Employer _____ Occupation _____ How long _____

Address _____ City _____ State _____ ZIP _____

Monthly Salary \$ _____ Supervisor or Section # _____ Phone: _____

PREVIOUS / 2ND EMPLOYER (Complete if employed by present employer less than one year, or have a second job)

Employer _____ Occupation _____ How long _____

Address _____ City _____ State _____ ZIP _____

Monthly Salary \$ _____ Supervisor / Section _____ Phone: _____

OTHER INCOME AND OBLIGATIONS

Other sources of income (source and monthly amount) _____

Make court ordered payments? No ___ Yes___ Amount \$ _____/month

Wages garnisheed? No ___ Yes ___ Amount \$ _____/month

PETS

Number of Cats: _____

Breeds of Dogs/Number of each breed: _____

PERSONAL REFERENCES (PEOPLE NOT RELATED TO YOU)

Name and phone number

1. _____
2. _____
3. _____

EMERGENCY CONTACTS

Name, address, phone number, and relationship of person(s) not living with applicant that should be notified in case of an emergency (give up to three)

1. _____
2. _____
3. _____

ALL PERSONS THAT WILL BE LIVING IN UNIT IN ADDITION TO PRIMARY APPLICANT

First Name	Middle Initial	Last name
SSAN	DOB	Relationship
First Name	Middle Initial	Last name
SSAN	DOB	Relationship
First Name	Middle Initial	Last name
SSAN	DOB	Relationship
First Name	Middle Initial	Last name
SSAN	DOB	Relationship
First Name	Middle Initial	Last name
SSAN	DOB	Relationship

DOCUMENTS: Before Management will accept an application, the primary applicant must pay the non-refundable application fee and provide a legible copy of the following documents:

- a) Social Security Account Number card or Green Card for each person living in the unit
- b) State issued motor vehicle operator license or identification card showing the person's picture and birthdate for everyone age 16 and over only living in the unit
- c) Last two pay stubs (for those not self-employed), or last two tax returns for self-employed income providers

APPLICATION FEE: Primary applicant herewith pays \$_____ (\$20 per applicant over 18) in certified funds. I understand that this application fee is not refundable. This application will not be accepted and processed until the application fee has been paid in full.

MOVE IN DATE: Applicant herewith requests a move in date of _____, 20_____

STEPS TO MOVE IN: Applicant(s) agrees that if this application is approved, applicant(s) will perform the following steps before moving in.

- a) Execute Landlord's Lease, a draft copy of which is available or was given to applicant
- b) Pay a security deposit of \$_____
- c) Pay the first month's rent of \$_____
- d) Transfer utility services (electric, gas, and water) to Tenant's name in accordance with the Landlord's Lease
- e) Obtain Renter's Insurance in according with Landlord's Lease, and provide a copy of proof of renter's insurance

REPRESENTATION OF TRUTHFULNESS OF INFORMATION IN APPLICATION AND INTENT TO LEASE

I represent to you that I have read this entire application and that all the information in the application is true and correct. I further represent that my rental and credit records are in good standing with no judgments or liens against me. I authorize Becky and/or David Wampler, or their agents and partners, to investigate my credit, public records, criminal records, landlords, employment or any other source deemed necessary, now or in the future. If any of the information in this application is false, I understand my application may be denied. If the application is approved, I agree to sign the lease as soon as possible and fulfill all the terms of the lease, including the payment of the security deposit and first month's rent. I agree that I will forfeit my application fee if I withdraw this application.

I will contact Becky or Dave at (317) 268-6789 if I no longer wish my application to be considered. The application fee will not be refunded.

_____ Date _____
Applicant's Signature

Mail application and fee to:

Dave Wampler
1791 Fortner Dr.
Indianapolis, IN 46231