

Office: 3480 Kossuth St., #7 Lafayette, IN 47905 Office Phone:765.838.0522 Alex@wiinproperties.com

Rental Application

| Address of Unit: | | | Unit # | | City: | | | tate: | | |
|---|-------------------|-------------------------|-----------------|---------------------|---------------|--------------------|--------------------------|----------------------|--|--|
| First Mide | dle | Last | Birth D | ate So | cial Security | 7 # | Di | river's License # | | |
| | | | | | | | | | | |
| Any Other Names You'v | ve Used I | n The Past | | Email | | | Cell Ph | none | | |
| All Other Prepared Occ | unanta | | | Photo Data | | Dalation | nghin To A | Annliaant | | |
| All Other Proposed Occ | upants | | | Birth Date Rela | | Kelatioi | elationship To Applicant | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| RENTAL/RESIDENCE | E HISTO | ORY | | <u>'</u> | | • | | | | |
| | Current Residence | | | | | Previous Residence | | | | |
| Street Address | | | | | | | | | | |
| City | | | | | | | | | | |
| State & Zip | | | | | | | | | | |
| Last Rent Amount Paid | | | | | | | | | | |
| Owner/Manager | | | | | | | | | | |
| and Phone Number | | | | | | | | | | |
| Reason for leaving | | | | | | | | | | |
| Is/Was rent paid in full? | | | | | | | | | | |
| Did you give notice? | | | | | | | | | | |
| Were you asked to move? | | | | | | | | | | |
| Name(s) in which your utilities are now billed: | | | | | | | | | | |
| utilities are now bliled: | | From | | From/To | | | | | | |
| Dates of Residency | | | | | | | | | | |
| EMPLOYMENT HIST | ORY | | | | • | | | | | |
| Employed By | | Current Employment | | Previous Employment | | | Prior Employment | | | |
| Address | | | | | | | | | | |
| Employer's Phone | | | | | | | | | | |
| Occupation | | | | | | | | | | |
| Name of Supervisor | | | | | | | | | | |
| Monthly Gross Pay | | | | | | | | | | |
| Wilding Gross Luj | | From/To | | Fro | m/To | | | From/To | | |
| Dates of Employment | | | | | | | | | | |
| CREDIT HISTORY | | Rank | /Institution Na | nme | | Ralanc | e On Den | osit or Balance Owed | | |
| Savings Account | | Zuin | | | | | | | | |
| Checking Account | | | | | | | | | | |
| Credit Card | | | | | | | | | | |
| Auto Loan | | | | | | | | | | |
| VEHICLES (Include ve | hicles b | elonging to other prope | osed occupar | nts als | I | | | | | |
| Make Mod | | | | Year | | | | License Plate | | |
| | | | | | | | | | | |

REFERENCES & EMERGENCY CONTACTS

| ALTEKLINCE: | | Relative | 10 | Non-Relative | Emergency Contact | | | | | |
|---|---|---------------------------|---------------|---|---|--|--|--|--|--|
| Name | | | | | <u> </u> | | | | | |
| Street Address | ; | | | | | | | | | |
| City | | | | | | | | | | |
| State & Zip | | | | | | | | | | |
| Phone Number | r | | | | | | | | | |
| | | | | | in the event we can't locate you. Furthermore, if you | | | | | |
| | | | | | emove all contents of the dwelling on your behalf. | | | | | |
| GENERAL IN | <u>IFORMA</u> | TION | | | | | | | | |
| Hover | heen | ad a late went notice | | the people | How long | | | | | |
| mave you ever | Have you ever been served a late rent notice? YES NO | | | d be living in the apartment smoke? YES NO | do you think you would be renting from us? | | | | | |
| Have you ever | | oankruptcy? If so, when | ? Whe | en would you be able to move in? | Have you ever been convicted of a felony? | | | | | |
| • | NO | Date: | | , and the same | YES NO | | | | | |
| | been serve | ed an eviction notice? If | so, when? | Do You have Pets? If yes, what kind | ? | | | | | |
| | NO | Date: | | YES NO Pet: | | | | | | |
| Have you had | any reoccu | ırring problems with yo | ur current | apartment or landlord? If yes, please e | explain: | | | | | |
| | | | | | | | | | | |
| XX/1- | | | | | | | | | | |
| why are you n | noving fro | m your current address | £ | | | | | | | |
| | | | | | | | | | | |
| List any vorific | able source | es and amounts of incom | je voji wich | to have considered (optional): | | | | | | |
| List any Verilla | anic source | es and amounts of filcon | Le you wish | to have considered (optional): | | | | | | |
| | | | | | | | | | | |
| If you were to | run into fi | nancial difficulty in the | future and | couldn't come up with the money to na | ay the rent, do you know someone that would | | | | | |
| | | | | ess, & phone # so that we can use them | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Have you been | a party to | a lawsuit in the past? I | r yes, please | e explain why: | | | | | | |
| | | | | | | | | | | |
| We may min a | credit abo | ck and a criminal back- | round above | k Is there anything pagetive we will e | ind that you want to comment on? | | | | | |
| We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on? | | | | | | | | | | |
| | | | | | | | | | | |
| How did you h | ear about | this apartment? | | Preferred Method of Communcation | n: (Circle One) | | | | | |
| J Jan 11 | | | | | stal Mail Text Message | | | | | |
| | | | | | f you refer a friend and you each end up renting | | | | | |
| separate apart | ments from | m us then we will pay yo | u a referral | reward. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | .4 O A. 41 | | | | | | |
| Agreement & Authorization Signature | | | | | | | | | | |
| believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack | | | | | | | | | | |
| of information may result in the rejection of this application. I understand that this is an application for an apartment and does not | | | | | | | | | | |
| | | | | | s a non-refundable fee to cover the cost of | | | | | |
| processing my | application | on and I am not entitle | d to a refur | nd even if I don't get the apartment. | Any questions regarding rejected applications | | | | | |
| | tted in wi | riting and accompanie | d by a self | -addressed stamped envelope. | - | | | | | |
| Signature: | | | | Date | : | | | | | |
| | | | | | | | | | | |