

# APPLICATION TO RENT

Date \_\_\_\_\_

Property \_\_\_\_\_

Unit Type \_\_\_\_\_

**Application Fee \$30 per applicant over the age of 18**

## Personal Information

### Head of Household

Name \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Spouse or Co-Applicant

Name \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### List all other persons who will reside in the apartment:

Full Legal Name	Birthdate	Social Security #	Sex	Relationship to Applicant
_____	____ / ____ / ____	____ - ____ - ____	____	_____
_____	____ / ____ / ____	____ - ____ - ____	____	_____
_____	____ / ____ / ____	____ - ____ - ____	____	_____
_____	____ / ____ / ____	____ - ____ - ____	____	_____

**In case of emergency, contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Present Landlord:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ Move-in Date \_\_\_\_\_ Monthly Rent \_\_\_\_\_  
Reason for moving \_\_\_\_\_

**Previous Address** \_\_\_\_\_ How long? \_\_\_\_\_  
Previous Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ Move-in Date \_\_\_\_\_ Monthly Rent \_\_\_\_\_  
Reason for moving \_\_\_\_\_

## Employment Information

### Applicant

Present Employer \_\_\_\_\_

How long? \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Co-Applicant

Present Employer \_\_\_\_\_

How long? \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Miscellaneous Information

Do you have any pets?  Yes  No If yes, what kind? \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Automobiles: Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Have you ever broken a lease or been evicted?  Yes  No If yes, why?

\_\_\_\_\_ Have you been convicted of a crime?  Yes  No If yes, please

explain: \_\_\_\_\_

Have you ever lived in property managed by Residential Management Company?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

How did you hear of our apartments?  Newspaper  Sign  Resident  Facebook  Craigslist  Other \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize you to obtain investigative credit and criminal reports in connection with this application. I understand that this is a preliminary application and gives no lease or rent rights. Additional information will be required to complete processing of prospective residents. I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease, that lease may be canceled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete. It is understood that the application fee received is a non-refundable processing fee.

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

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Received by \_\_\_\_\_ Date \_\_\_\_\_ Processing Fee Receipt # \_\_\_\_\_ Security Deposit Receipt # \_\_\_\_\_

Approved by \_\_\_\_\_ Rejected by \_\_\_\_\_ Date \_\_\_\_\_ Unit Address \_\_\_\_\_



Residential Management Company  
175 W Lincolnway, Suite H  
Valparaiso, Indiana 46383  
219-286-6071 office  
219-286-6077 fax

Authorized Request for Information

You are hereby authorized to release any information requested by Residential Management Company, LLC on the enclosed form of inquiry. Please supply this information as soon as possible.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_