

GLENN MEADOWS APARTMENTS APPLICATION

CONFIDENTIAL
Personal Data and Credit Information

1. Resident Personal

Date: _____ Interested in Apt # _____ Building _____

Name: _____ SSN# _____

Spouse: _____ SSN# _____

Present Address/City/State/Zip: _____

_____ Phone # _____

Car Make _____ Year _____ Model _____ Color _____ Lic # _____

Car Make _____ Year _____ Model _____ Color _____ Lic # _____

Marital Status: Single _____ Married _____ Divorced _____

Number of Occupants: _____

Full Name(s) of ALL Occupants to Reside at Apartment:

Name: _____ Age: _____

Relationship: _____ SSN# _____

Name: _____ Age: _____

Relationship: _____ SSN# _____

Name: _____ Age: _____

Relationship: _____ SSN# _____

2. Employment

Name of Applicant's Employer: _____

Address/City/State/Zip: _____

_____ Phone # _____

Gross monthly salary: _____ Length of Employment: _____

Name of Spouse's Employer: _____

Address/City/State/Zip: _____

_____ Phone # _____

Gross monthly salary: _____ Length of Employment: _____

Name of Applicant's Previous Employer: _____

Address/City/State/Zip: _____

_____ Phone # _____

Gross monthly salary: _____ Length of Employment: _____

Other income, if any: _____

Have you ever filed Bankruptcy? Yes _____ No _____

If Yes, please explain: _____

2. Tenant History

Have you ever been evicted, sued for nonpayment of rent or breached a lease? _____

If so, explain: _____

Length of time residing at present address: _____

Reason for moving: _____

Do you rent where you currently reside? Yes _____ No _____

If you rent, what is your monthly rent? _____

Name of Present Landlord: _____

Address/City/State/Zip: _____

_____ Phone # _____

If less than three (3) years at present address, list prior landlord(s)

1. Name: _____

Address/City/State/Zip: _____

_____ Phone # _____

2. Name: _____

Address/City/State/Zip: _____

_____ Phone # _____

3. Name: _____

Address/City/State/Zip: _____

_____ Phone # _____

4. Financial

BANKING

Name of Bank for Personal Checking Account: _____

Address/City/State/Zip: _____

_____ Phone # _____

Name on account: _____ Account # _____

Approximate balance: _____

Name of Bank for Personal Checking Account: _____

Address/City/State/Zip: _____

_____ Phone # _____

Name on account: _____ Account # _____

Approximate balance: _____

CREDIT REFERENCES

1. Name: _____ Phone # _____

Address/City/State/Zip: _____

Name on account: _____ Account # _____

2. Name: _____ Phone # _____

Address/City/State/Zip: _____

Name on account: _____ Account # _____

LOANS

1. Name: _____ Phone # _____

Address/City/State/Zip: _____

Name on account: _____ Account # _____

Balance: _____ Monthly Payment: _____

2. Name: _____ Phone # _____

Address/City/State/Zip: _____

Name on account: _____ Account # _____

Other debts owed: _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I/WE AUTHORIZE THE VERIFICATION OF THIS INFORMATION BY CONTACTING ANY OR ALL INDIVIDUALS AND FINANCIAL INSTITUTIONS LISTED ABOVE. I/WE UNDERSTAND THAT THIS IS NOT A LEASE OR AN OFFER TO RENT. NO BINDING OBLIGATION OF ANY KIND EXISTS BETWEEN THE OWNER AND MYSELF UNLESS AND UNTIL A LEASE IS SIGNED. THIS APPLICATION IS SUBJECT TO PRIOR APPLICATIONS. THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE OWNER.

SIGNATURE

DATE

SIGNATURE

DATE

No person shall be denied the right to rent because of race, color, religion, sex, disability, familial status or national origin.

Upon approval, at the time the lease is signed, you will be required to present your drivers license and social security card to be copied for our files.

Mail to

Glenn Meadows Apartments
2182 Glenn Meadows Drive
Rising Sun, IN 47040

or fax

812-537-4901

e-mail

info@glennmeadowsapts.com