



APARTMENT RENTAL APPLICATION

2201 DICKINSON ROAD
CHESTERTON, IN 46304
TEL: 219.926.9026
visit www.coffeecreekcenter.com

FOR OFFICE USE ONLY	
Agent	_____
Address	_____
Apt. No.	_____ Apt. Type _____
Rent	_____
Move-In Date	_____
Approved	_____
Rejected	_____

Date: _____

Application is hereby made to rent an apartment at The Enclave. As a consideration of the lease, I submit the following information concerning all the occupants of the apartment for which the application is made. It is understood that the premises are to be used as a residence to be occupied by no more than _____ persons. It is also understood that NO WATERBEDS are permitted without written permission from Landlord. Pets up to 25 lbs. allowed. Limit 1.

NAMES OF ALL PERSONS THAT WILL OCCUPY APARTMENT

Relationship	Full Name	DOB	Social Security No.	Annual Income
1. Applicant	_____	_____	_____	_____
2. Spouse	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Pet Type	_____			

PRESENT ADDRESS

#	Street	City	State	Zip Code
_____	_____	_____	_____	_____
Phone	How long at address?	_____ years		
Monthly Rent	Do you have a lease?	Expiration Date of Lease _____		
Reason for Leaving _____				

PRESENT LANDLORD NAME & ADDRESS

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone: Day	_____	Evening	_____	Fax	_____

PREVIOUS ADDRESS (If present is less than 3 years)

#	Street	City	State	Zip Code
_____	_____	_____	_____	_____
How long at address?	_____	Monthly Rent	_____	

PREVIOUS LANDLORD NAME & ADDRESS

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone: Day	_____	Evening	_____	Fax	_____

APPLICANT EMPLOYED BY

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone	Fax	Supervisor	_____		
Position	_____	How Long?	_____	Annual Salary	_____
Other Income: Source	_____	Annual Amount	_____		

PREVIOUS EMPLOYER (If less than 3 years)

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone	Fax	Supervisor	_____		
Position	_____	How Long?	_____	Annual Salary	_____

SPOUSE EMPLOYED BY

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone	Fax	Supervisor	_____		
Position	_____	How Long?	_____	Annual Salary	_____
Other Income: Source	_____	Annual Amount	_____		

PREVIOUS EMPLOYER (If less than 3 years)

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone	Fax	Supervisor	_____		
Position	_____	How Long?	_____	Annual Salary	_____
Amount	_____				

CREDIT REFERENCES

Name	Address	Account #	Payment	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTOMOBILES OWNED

1. Make	_____	Year	_____	Tag #	_____	State	_____
2. Make	_____	Year	_____	Tag #	_____	State	_____
3. Make	_____	Year	_____	Tag #	_____	State	_____

NEAREST LIVING RELATIVE OF APPLICANT

Name	#	Street	City	State	Zip Code
_____	_____	_____	_____	_____	_____
Phone	_____				

I am not renting an apartment under an assumed name. I have never been dispossessed, nor am I being dispossessed. I understand to hold an apartment off the market for 48 hours, a deposit of \$125.00 is required (\$25.00 processing fee, non-refundable, \$100.00 to take said apartment off the market for 48 hours, after which time, is also non-refundable). I understand that I have acquired no rights in an apartment until this application is approved by a director of The Enclave Apartments, a lease is signed & accepted by both parties, and a security deposit & first month's rent is paid in full. I hereby give my permission for The Enclave Apartments to inquire of my personal and character financial references.

Applicant (Print Name) _____

Spouse (Print Name) _____

Signature of Applicant _____

Signature of Spouse _____