

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____ AGENT _____
 COMMUNITY _____
 APT. NO. _____ RENT \$ _____

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____
 beginning on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone (_____) _____
 Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
 CO-APPLICANT _____ Relationship _____ Phone (_____) _____
 Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
 Names of All Other Occupants _____ Total Number of Occupants _____
 How Many Pets? _____ Kind of Pet, Breed, Weight and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____
 Month & Year Moved In _____ Reason for Leaving _____
 Owner or Agent _____ Phone (_____) _____ Monthly Payment \$ _____
PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone (_____) _____
PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone (_____) _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent) _____
 Address _____ Phone (_____) _____
 Date(s) Employed / From _____ To _____ Position _____
 Supervisor _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____
PREVIOUS EMPLOYER _____
 Address _____ Phone (_____) _____
 Date(s) Employed / From _____ To _____ Position _____ Supervisor _____
 If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
 Amount \$ _____ Per _____ Source _____ Telephone _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

OUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
OUR CREDIT REFERENCES	City-State	Acct. Number	Telephone

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Other Car, Motorcycle, etc. _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
 Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
 Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

CONTINUED OVER

Castle Point Apartments

18001 Cleveland Road
South Bend, IN 46637
Phone (574) 272-8110 Fax (574) 272-8114

REQUEST FOR VERIFICATION OF EMPLOYMENT

Date: ____ / ____ / ____

I, _____ authorize my current/past employer to release the requested information. I understand this is to help determine my residency at Castle Point Apartments.

Signature Date ____ / ____ / ____

To Whom It May Concern:

The person listed above has recently applied for residency with Castle Point Apartments, in order for us to complete the application process we need your help to verify the information listed below. Should you have any questions, please feel free to contact our office. Thank you for your anticipated cooperation and prompt attention to this matter.

Employee: _____ SSN# ____ / ____ / ____

Dates of Employment: ____ / ____ / ____ To: ____ / ____ / ____

Occupation/Title: _____

Salary: \$ _____ Per _____

Hours Per Week: _____ Commission: _____

Comments: _____

Employer: _____
Printed Name: _____

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REQUEST FOR VERIFICATION OF RESIDENCY

Date: ____ / ____ / ____

I, _____ authorize my current/past landlord to release the requested information. I understand this is to help determine my residency at Castle Point Apartments.

Signature Date ____ / ____ / ____

To Whom It May Concern:

The person listed above has recently applied for residency with Castle Point Apartments, in order for us to complete the application process we need your help to verify the information listed below. Should you have any questions, please feel free to contact our office. Thank you for your anticipated cooperation and prompt attention to this matter.

Address: _____

Dates of Occupancy – From: ____ / ____ / ____ To: ____ / ____ / ____

Rental Amount: \$ _____ Is rent in arrears? _____ How much? _____

Did you receive any noise/other complaints? _____

Would you re-rent/renew this person? _____

If no, please explain:

Landlord Name: _____

Agent's Signature: _____

Title: _____

Date: ____ / ____ / ____