

**Fountain Parc
Apartments & Townhomes
4912 Whitton Place, D
Indianapolis, IN 46220
(317) 253- 4205 Fax (317) 254-0197**

Deposit / Fee Form

Move- In Date: _____

Lease Dates: _____

Name: _____

Phone: _____

Address: _____

Building _____ **Unit** _____

	Amount	Date Paid	Rcvd. By
Application Fee (Non- refundable)	_____	_____	_____
Security Deposit	_____	_____	_____
Administration (Non-refundable)	_____	_____	_____
TOTAL AMOUNT RECEIVED	_____		
TOTAL DUE FOR ABOVE	_____		

If for any reason my application should be declined, I will receive a refund in full, less the application fee that is non-refundable. I understand I may cancel this application within 72 hours and receive a full refund. If I cancel after 72 hours, or fail to execute the Management’s Lease Agreement, I understand I automatically forfeit all moneys paid to cover expenses due by my cancellation. This agreement is not considered valid until Management approves terms and conditions by signing below.

Management routinely completes credit, criminal checks and verifications of all applications. This application is NOT considered approved until all verification is complete. Identification is required with all applications. Once verification is complete, applicant will be notified regarding approval for residency.

Future Resident Date

Fountain Parc Mgmt. Date

Neil & Associates

Application Cover Sheet

(A \$30 Non-Refundable Fee is required to process the application)

All applicants will be approved on the following basis:

1. Must be currently employed and have verifiable, stable employment history.
2. Credit report must be positively rated. Medical and student loans not counted.
3. Four years past and present resident history must be in good standing, and must be verifiable, with no balances owed or prior evictions. MUST HAVE MINIMUM 1 YEAR OF RENTAL HISTORY
4. Income based on monthly income, and credit obligations.
5. Criminal History: We do not allow a person or persons that have been convicted of a felony, dishonesty, violence, battery, or personal injury to occupy or visit our community. A criminal record will be obtained on every applicant. *These reports are obtained for the purpose of protecting the property, and are **not intended** to protect the residents from acts by other residents or non-residents.

**All applicants must sign the lease prior to move-in or no keys can be issued.

**All applicable utilities must be transferable into a residents name prior to move-in or no keys will be issued.

.....
Management Policy: "To provide our residents with a quite, peaceful environment." Loud noises from automobile radios, apartment TV's, stereos, or parties are lease violations and are strictly enforced.

Vehicle Policy: 1) Motorcycles, boats, and recreational vehicles must be parked in a paid carport. 2) We do not allow damaged, unsightly or inoperable vehicles (rusted, dented or missing body parts, missing hub caps, broken windows, excessive fluids leaking on the ground, etc...) on the property.

I have read the above qualifications and policies, and had the opportunity to ask questions of the representative. The above qualifications and policies are fully understood and are part of the Lease and Rules and Regulations.

Applicant's Signature

Date:

LEASE APPLICATION NEIL & ASSOCIATES

Community Name in which you are applying for: _____

Date _____ Apartment Type _____ Apartment No. _____

Apartment Address _____ Tentative Move-In Date _____

Rent Per Month _____ Security Deposit _____ Re-dec fee: _____

Pet Deposit _____ Monthly Pet Fee _____ Application fee(s) _____ Carport Fee _____

Special _____

RESIDENT INFORMATION

PLEASE PRINT

Last Name _____ First _____ Middle _____ Marital Status _____ Birthday _____ Phone _____

Social Security No. _____ Drivers License No. _____ State _____

RESIDENT HISTORY

Present Address _____ From _____ To _____ Rent/Own _____
Address _____ City _____ State/ Zip- Code _____ Mo./Yr. _____

Landlord's Name Or Mortgage Holder _____
Name _____ Address _____ Phone No. _____ Monthly Payment _____
Reason for Leaving _____

Previous Address _____ From _____ To _____ Rent/Own _____
Address _____ City _____ State/ Zip Code _____ Mo. /Yr. _____ Mo. /Yr. _____

Landlord's Name Or Mortgage Holder _____
Name _____ Address _____ Phone No. _____ Monthly Payment _____

Reason for Leaving _____

Have you ever broken a lease or been evicted? _____ Why? _____

EMPLOYMENT INFORMATION

Present Employer _____
Name & Address _____ Phone No. _____

How Long _____
Time _____ Net Monthly Income _____ Position _____ Immediate Supervisor _____

Previous Employer _____
Name & Address _____ Phone No. _____

How Long _____
Time _____ Net Monthly Income _____ Position _____ Immediate Supervisor _____

Referred By:

Others to reside in apartment
Name: _____ Relationship _____ Date of Birth _____

Criminal History

Have you, or any of your occupants, ever been convicted of a felony or battery, dishonesty or violent behavior, including personal injury? _____
If Yes, Explain: _____

CREDIT INFORMATION

Bank _____
Name _____ Address _____ Monthly Balance Or Savings _____

Do you pay or receive child support? _____ Yes _____ No if yes, please explain _____
I/We hereby certify that the above information is correct _____ (initial)

OTHER INFORMATION

Vehicle Information (2 cars allotted per apartment)

Make _____ Model _____ Year _____ Color _____ License Plate# _____

Make _____ Model _____ Year _____ Color _____ License Plate# _____

Pet Information

Has your pet ever harmed or endangered any person or animal? _____

Dog (Type) _____ Weight _____

Cat (Type) _____ Weight _____

Others approved for occupancy or visitation:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

If divorced, will any children visit at anytime? _____ Length of Time _____

Intial _____ a non-refundable application fee of \$30 is given by the applicant to depreciate the expense incurred by the landlord to process the application.

Intial _____ obtaining a pet requires consent of management, payment of applicable fees/deposits, and execution of the pet addendum. Failure to report a new pet will result in being charged back to the month of move-in, plus all fess and late charges.

Intial _____ Tenant insurance: We are not responsible for damages to personal property or providing other accommodations in the event the apartment becomes inhabitable for any reason. The tenant is required to ensure that their own insurance, covers all of their personal property. It is a further condition of our renting promise to the tenant that tenant has obtained liability insurance covering any damages that might be caused to the premises by the tenant, Their invitees or guests, the insurance shall be provided by an insurance company acceptable to the landlord.

Should management become aware hereafter that the information provided here in by the applicant, and or occupants, relating to past criminal history, management may deem the provision of said false statement or statements as an act of default of any lease agreement entered into hereafter by applicant for the rental of the apartment. In such an event, management and or the lessor, of said lease may elect to exercise any and all remedies available in said lease, for default there of by applicant, including but not limited to the immediate right to re-enter and reoccupy the subjects rented apartment and to remove all person and property there from.

EMERGENCY CONTACT

Name _____ Phone No. _____

Relationship _____ Address _____

****SECURITY DEPOSIT IS NON-REFUNDABLE AFTER 72 HOURS IF CANCELLATION OCCURS BY APPLICANT****

APPLICANT'S CONSENT

Applicant hereby represents that the above information is true and correct.

It is my/our understanding that this application is preliminary only and involves no obligation of the owners or its agent to approve this application or to deliver occupancy of the proposed premises. The applicant(s) appearing below hereby authorize the holder of the lease application to investigate his (their) past history of applicant(s) occupancy, history of any apartment community or dwelling, and whatever credit bureaus or other sources the apartment owner or agent deems necessary in determining approval of the application. If the owner or its agent accepts this application, the deposit herewith paid will be applied to the total security deposit due.

Applicant(s) further agrees that if the application is rejected or cancelled by management, for whatever reason the application fee will be retained as a processing fee. If applicant is approved and applicant fails to enter into the lease agreement, the full application deposit shall be forfeited. Please read and understand this policy prior to signing this document. Keys will be furnished only after the lease and other rental documents have been accepted by all parties and only after applicable rentals security deposits and pet deposits have been paid.

MANAGEMENT REPRESENTATIVE

DATE

Signature

APPLICANT

DATE

Fountain Parc Apartments
4912 Whitton Place, D
INDIANAPOLIS, INDIANA 46220
BUS: (317) 253-4205
FAX: (317) 254-0197

To Whom It May Concern:

Fountain Parc Apartments is interested in verifying the following information on your current employee. The individual listed below has applied for an apartment, and in order to process their application, this information is necessary.

Please fax the following information to: (317) 254-0197. Please be sure to include your phone number, in case there are any questions. Thank you.

Employee's Name _____

Social Security # _____

Gross Monthly Income _____

Employment Dates _____

Applicant's Signature

Title

Verifying Signature

Printed Name

Date

Phone Number _____

Thank you for your assistance,

Neil & Associates MGMT

Fountain Parc Apartments
4912 Whitton Place, D
INDIANAPOLIS, INDIANA 46220
BUS: (317) 253-4205
FAX: (317) 254-0197

To Whom It May Concern:

Fountain Parc Apartments is interested in verifying the following information on your current resident. The individual listed below has applied for an apartment, and in order to process their application, this information is necessary.

Please fax the following information to: (317) 254-0197. Please be sure to include your phone number, in case there are any questions. Thank you.

Resident's Name _____

Social Security # _____

Address _____

Applicant's Signature

Lease Dates _____ Rental Amount _____

Has notice been given? _____ Is lease up? _____

Does Resident pay on time? _____ How many late payments? _____

Any NSF's? _____ How many? _____

Any complaints? _____

Would you re-rent to this resident? _____

Title

Verifying Signature

Printed Name

Date

Phone Number _____

Thank you for your assistance,

Neil & Associates MGMT