

ASPEN MEADOWS

1227 Briarwood Blvd.
Goshen, Indiana 46526

Phone (574)533-9685
Fax (574)533-8181

Date _____

PRIMARY APPLICANT

Apartment # _____ Rent \$ _____ per month

Move in Date _____ Security Deposit \$ _____

Name: _____ Date of Birth: _____

Applicants SSN: _____ Drivers License# _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Years/Months @ Current Address: _____ Landlords Name _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

Years: _____ Salary: _____ Supervisor _____ Business Phone: _____

Previous Employer: _____ Salary: _____ Phone: _____

SECONDARY APPLICANT

Name: _____ Date of Birth: _____

Applicants SSN: _____ Drivers License# _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Years/Months @ Current Address: _____ Landlords Name _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

Years: _____ Salary: _____ Supervisor _____ Business Phone: _____

Previous Employer: _____ Salary: _____ 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 to be determined a minimum \$25.00 processing fee, non-refundable, a minimum \$100.00/\$200.00 or \$250.00 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 Aspen Meadows 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 Aspen Meadows Apartments to inquire of my personal and character financial references.

Applicant (Print Name)

Secondary Applicant (Print Name)

Signature of Applicant

Signature of Secondary Applicant

People to Reside in Apartment _____ #Adults _____ #Children _____ # Boys _____ # Girls _____

ASPEN MEADOWS APARTMENTS

REQUEST FOR VERIFICATION OF RESIDENCY

Telephone 574-533-9685 Fax 574-533-8181

Date: _____

To: _____

Name LANDLORD

Address

Telephone#

Fax#

Dear Sir or Madame;

The person listed below has applied for residency with Aspen Meadow Apartment Homes. 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 at 574-533-9685,. Thank you in advance for your cooperation.

aADDRESS: _____

Dates of occupancy; From _____ to _____ Rental amount _____

Is rent current; _____ If not past due amount _____

Would you re-rent to this person? _____ If no why? _____

Did you receive complaints? _____

I _____, authorize release above information in regards to my current/past residency. I understand this is to help determine my eligibility for residency at Aspen Meadow Apartment Homes.

Applicant Signature

Employer: _____

Signature/Title/Date

ASPEN MEADOWS APARTMENTS

REQUEST FOR VERIFICATION OF EMPLOYMENT

Telephone 574-533-9685 Fax 574-533-8181

Date: _____

To: _____

Name of employer

Address of employer

Telephone# of employer

Fax# of employer

Dear Sir or Madame;

The person listed below has applied for residency with Aspen Meadow Apartment Homes. 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 at 574-533-9685,. Thank you in advance for your cooperation.

Employer: _____ SSN# _____

Dates of employment; From _____ to _____

Occupation/Title; _____ Salary _____

Full/Part time? _____ Seasonal _____ Temp _____

Comments; _____

I _____, authorize my current/past/future employer to release above information in regards to my employment. I understand this is to help determine my eligibility for residency at Aspen Meadow Apartment Homes.

Applicant Signature

Employer: _____
Signature/Title/Date