

Rental Application

Date _____ Property _____

Full Name _____

Social Security # _____ Date of Birth _____ DL# _____

Email Address _____

Spouse Full Name _____ SS# _____ Date of Birth _____

Email Address _____

Present Address _____ City _____ State _____

Zip Code _____ Phone _____

Name of current landlord _____ Phone _____

How long have you lived at this address _____ yrs/months/wks

Explain why you are moving _____

Prior address _____

Landlord & phone _____

Employer _____ Time on job _____ Phone _____

Spouse's Employer _____ Phone _____

Gross Monthly Income _____

Who will be living with you?

1. Name _____ Age _____ Relationship _____

2. Name _____ Age _____ Relationship _____

3. Name _____ Age _____ Relationship _____

4. Name _____ Age _____ Relationship _____

5. Name _____ Age _____ Relationship _____

Any other source of income? _____ If yes please list source and amount mthly. _____

Bank _____

Savings _____ Checking _____

References

Personal (list two)

Name _____

Address _____

Phone _____

Name _____
Address _____
Phone _____

Please list all payments including auto, boat, furniture, credit cards, loans, etc

Have you been convicted of any felony? _____ Explain _____

Have you filed bankruptcy in the last 10 years? _____ Yr _____

Have you been evicted? _____

Do you have pets? _____ Type _____ Size _____

THE INDIANA SHERIFF'S SEX OFFENDER REGISTRY
(WWW.INDIANASHERIFFS.ORG) EXISTS TO INFORM THE PUBLIC ABOUT THE
IDENTITY, LOCATION AND APPEARANCE OF SEX OFFENDERS RESIDING
WITHIN INDIANA. BROKER IS NOT RESPONSIBLE FOR PROVIDING OR
VERIFYING THIS INFORMATION.

The undersigned hereby verify that the foregoing information is true and acknowledges that any subsequent discovery of the falsity of the foregoing information or any other misrepresentation in this application shall be grounds for denial of this application. In Making this application, the undersigned authorizes Asset Management to make whatever inquiry it deems necessary of any individual, company, agency, bank, credit institution, or any other entity. In addition to any credit bureau or credit reporting agency with regard to the undersigned applicants.

Applicant authorizes Asset Management to obtain a credit, eviction and/or criminal history investigation regarding applicant.

Signature _____ Date _____

Signature _____ Date _____

Asset Management
1200 S Tillotson Overpass Suite 6
Muncie, IN 47304
Phone (765)-281-9000
Fax (765)-281-9011

Application Taken By _____ Date _____

Approved _____ Rejected _____

Cite reason for rejection _____

Applicant notified by Mail _____ Phone _____ In Person _____

Date notified _____