APEX PROPERTY MANAGEMENT

P.O. Box 11355 Indianapolis, IN 46201 Phone 317.445.6305 Fax 317.926.0650

Rental Application

**For Application Submission you must provide \$25 Application Fee & Copy of most recent paystub

Applicant Information								
Name:								
Date of birth:		SSN:		Phone:	Phone:			
Current address:								
City:		State:		ZIP Code:	ZIP Code:			
Own Rent (Please circle)	Monthly F	Rent Amou	ınt:		How long?			
Why are you moving?								
Landlord Name:								
Landlord Phone Number:								
Have you ever been Convicted of Crime?			If Yes, What For?					
Have you ever filed for Bankruptcy?			Have you ever been Evicted?					
Have any Judgments for Non-Payment?			If Yes, Made Payment Arrangements?					
Employment Information								
Current employer:								
Employer address:			How long?					
Phone:	E-	-mail:						
Supervisor Name:			Supervisor Phone:					
Position:	Hourly	Salary	(Please circle)	Monthly income	nthly income:			
Do you receive Social Security, Disability, Other Income?								
Monthly Amount Other Income:								

Co-applicant Information							
Name:							
Date of birth:		SSN:			Phone:		
Current address:	,						
City:			State:			ZIP Code:	
Own Rent (Please circle)	Monthly p	ayment	t or rent:		How long?		
Have you ever been Convicted of Cri	ne?		If Yes, What For?				
Co-applicant Employment I	informati	ion					
Current employer:							
Employer address:						How long?	
Position:	Hourly	Salary	(Please circle)	Мо	nthly incom	2: I	
Other Income:				Monthly amo	unt:		
List all Others to Occupy Pr	remises I	Inclu	ding Children, Ro	elatives, an	d Others	Not Above	
Name:		Relati	onship:			Ages:	
Pets							
Type of Animals:						# of Pets:	
Acknowledgment: I/We, the undersigned, understand owner/landlord and that the leasing written notice was received prior to Consent to Obtain Credit/Emplo I/We authorize Apex Property Mar of the information obtained by you providing such information. I/We understand that this application application and/or to deliver occup lease the described unit by the requany deposit held as liquidated damage.	g agents fee the underst yment Info agement to . I/We furt on is prelimancy of the lested occu	e will be signed ormat or investing the re-	ion: stigate my/our credit lease all persons, ag only and involves nosed premises. Shou	/landlord. The reement. qualification encies, or firm to obligation old the application.	s and herelose from any	ned acknowledge that this by release, in any manner, all y liabilities resulting from or or it's agent to approve this w this application or fail to	
Tenant Signature					Date	e	
Tenant Printed Name							