



Leasing Policies

Applications: To be completed by all persons 18 years of age that will be residing in the apartment without omissions or falsifications. A \$30.00 fee per applicant or \$45 fee per married couple will be charged for verification of information. The application fee is **Non-Refundable**.

Income: Monthly household income must exceed 2.5 times the monthly rental amount for specific home desired.

Employment: Must be currently employed for a minimum of six (6) months and/or able to provide additional source(s) of verifiable income that meet income requirements. Guarantor will be required if qualifications are not met.

Credit Check: A complete check of your credit history will be made, and a decision will be based on your payment history, number of collection accounts, and bankruptcy. Outstanding utility bills must be paid in full and a receipt given to management prior to approval of application. Credit score of 580+ will be considered.

Criminal History: A background check of your criminal history will be made/reviewed on all persons 18 years of age and older who will be occupying the apartment. Applicants with a felony within the last two (2) years will not be accepted.

Rental History: Must have verifiable rental history and proper notice to vacate must have been given. No outstanding accounts with prior apartment communities will be accepted. Evictions must be paid in full and at least 2 years of verifiable rental history is needed since the eviction.

Occupancy: No more than two (2) occupants per bedroom.

Security Deposit: Security deposit amounts will vary depending on location.

Pet Policy: **\$200 Non-Refundable Fee.** An additional monthly fee of \$25 for 1 pet, \$40 for 2 pets will be added to the rental payment. There is a limit of 2 pets per home. Breed Restrictions apply.

I have read and agree to the leasing policies for Consolidated Property Management.

Applicant Signature

Date

Applicant Signature

Date



\$30.00 PER PERSON APPLICATION FEE
\$45.00 APPLICATION FEE FOR MARRIED COUPLE

CONSOLIDATED PROPERTY MANAGEMENT
1801 MAIN STREET
LAFAYETTE, INDIANA 47904

PROPERTY _____ APT # _____ DATE ____/____/20____

YOUR NAME _____ SS# ____/____/____

YOUR SPOUSE'S NAME _____ SS# ____/____/____

YOUR BIRTHDAY ____/____/____

SPOUSE'S BIRTHDAY ____/____/____

YOUR PHONE _____

WORK PHONE _____

OTHER NAME IN THE PAST 3 YEARS _____

YOUR EMAIL _____

NAME AND AGE OF OTHER OCCUPANTS _____

PETS (number and type) _____

PRESENT ADDRESS: _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOW LONG: (years) _____ (months) _____ REASON FOR LEAVING: _____

NAME AND ADDRESS OF OWNER OR OWNER'S AGENT: _____

PHONE NUMBER _____

PREVIOUS ADDRESS: (past 3 years)

STREET _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOW LONG: (years) _____ (months) _____ REASON FOR LEAVING: _____

NAME AND ADDRESS OF OWNER OR AGENT: _____

PHONE NUMBER _____

YOUR EMPLOYMENT:

PRESENT EMPLOYER _____ HOW LONG _____

ADDRESS _____ PHONE # _____

OCCUPATION _____ SALARY \$ _____ PER _____

NUMBER OF HOURS YOU WORK PER WEEK _____

YOUR SPOUSE EMPLOYMENT:

PRESENT EMPLOYER _____ HOW LONG _____

ADDRESS _____ PHONE # _____

OCCUPATION _____ SALARY \$ _____ PER _____

NUMBER OF HOURS YOU WORK PER WEEK _____

OTHER INCOME: \$ _____ SOURCE _____

NAME OF BANK: _____ BRANCH _____

IN CASE OF EMERGENCY: NAME OF PERSON TO BE INFORMED _____

ADDRESS _____ STATE _____ ZIP _____

RELATIONSHIP _____

TELEPHONE NUMBER (_____) _____

REFERENCES: NAME, ADDRESSES AND PHONE NUMBER OF 3 PERSONAL REFERENCES (OTHER THAN EMERGENCY CONTACT)

1. NAME _____
ADDRESS _____
PHONE _____

2. NAME _____
ADDRESS _____
PHONE _____

VEHICLE INFORMATION/FOR ALL RESIDENT(S):

YOUR VEHICLE: _____

MAKE _____

MODEL _____

YEAR _____

COLOR _____

LICENSE PLATE # _____

DRIVERS LICENSE # _____

SPOUSE'S VEHICLE: _____

MAKE _____

MODEL _____

YEAR _____

COLOR _____

LICENSE PLATE # _____

DRIVERS LICENSE # _____

HAVE YOU EVER BEEN EVICTED? _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

AUTHORIZATION TO VERIFY INFORMATION

I hereby authorize Landlord/agent to verify the validity of all the above information, and to inquire now or periodically with my Employers, Financial Institutions, Police Reports and any of the Credit Reporting Bureaus available to agent. I agree to supply any additional information needed by Owner/Agent to process this application and I acknowledge that my security deposit will be forfeited if I do not comply with any such request. I agree that my screening fee of \$ _____ is non-refundable. If this application is accepted, I agree to execute the lease/Rental Agreement with Consolidated Property Management. The Applicant acknowledges that \$ _____ has been deposited in consideration for taking the apartment off the market while considering approval of Applicant. If Applicant is approved but fails to enter into a lease with Consolidated Property Management the application fee and security deposit shall be forfeited and non-refundable. The security deposit will be refunded ONLY if the applicant is not approved. False informing will be grounds for an immediate denial.

DATE _____ APPLICANT'S SIGNATURE _____

DATE _____ APPLICANT'S SIGNATURE _____

WHERE DID YOU HEAR FROM US?

(Please Check One)

- For Rent
- Boiler Apartments
- College Paper
- Craigslist
- Dean of Students
- Signage/Drive by
- Referral_____ (Please Specify)
- Exponent Online
- Housing Authority
- Consolidated Property Management Website
- Local Paper
- Misc. Calls
- Zillow
- Postlets
- Resident Referral
- Social Networks
- Yellow Pages
- ACT TEAM
- Walk-in
- PU housing Fair
- Facebook
- Twitter
- Linked In
- Lovely
- Zumper
- Udigs
- HotPads
- PurdueGuru
- Trulia
- Apartment Guide
- Homes.com
- Rently
- Rent.com
- Other_____ (Please Specify)



Consolidated Property Management
1801 Main Street
Lafayette, IN 47904
Phone: (765) 742-0195
Fax: (765) 742-8882

Landlord Verification

To: _____ (Previous Landlord)

RE: _____ (Tenant Full Name)

Dear Landlord: Please answer the following questions regarding the tenant's rental history. The above identified person has applied for residency with a property managed by Consolidated Property Management and has indicated to us that you now have (or recently had) this person as a tenant in your property located at:

Current/Previous Property Address: _____

As indicated by the signature below or attached, the tenant consents to the release of any/all information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below.

Applicant Signature

Date

| | |
|-------------------------------------|-------------------------|
| Move-In Date: _____ | Move-Out Date: _____ |
| Monthly Rent Amount: _____ | Any NSF Checks? _____ |
| # of Late Payments: _____ | |
| Is Any Money Currently Owed? _____ | If so, how much? _____ |
| Was Eviction Filing Required? _____ | Date of Eviction: _____ |
| Condition of Unit? _____ | |
| Other Lease Violations? _____ | |
| Additional Comments: _____ | |
| _____ | |

Signature: _____

Date: _____

Name and Title: _____

Phone: _____

PLEASE FAX THE COMPLETED FORM TO OUR OFFICE AT (765) 742-8882



Consolidated Property Management
1801 Main Street
Lafayette, IN 47904
Phone: (765) 742-0195
Fax: (765) 742-8882

Employment Verification Form

Employer: _____ Employer Phone: _____

Employer Fax: _____

RE: _____ (Tenant Full Name) Last 4 Digits of Soc. Sec. #: _____

Dear Employer: Recently the above referenced employee filled out an application at our apartment community. We are required to obtain verification of his/her employment and income to the occupancy of an apartment. We ask for your cooperation on their behalf and request that you complete the form at the bottom of this page and return it to us **WITHIN 24 HOURS** as we process our applications as soon as we receive them.

As indicated by the signature below or attached, the Applicant consents to the release of any/all information pertaining to their employment history. We would greatly appreciate your cooperation in completing the applicable areas below.

Applicant Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY

Is this person currently employed? YES NO

If no, please tell us date of termination: _____

First Date of Employment: _____

Position: _____

Is this employment: PART TIME FULL TIME TEMPORARY PERMANENT

Wages/Salary: \$ _____ Hourly Weekly Semi-Monthly Monthly Annually

Estimated Monthly Income: \$ _____

Is this worker reliable? _____

Does the outlook for continued employment look good? _____

Signature: _____

Date: _____

Name and Title: _____

Phone: _____

PLEASE FAX THE COMPLETED FORM TO OUR OFFICE AT (765) 742-8882