



Rental Application Form
CONSOLIDATED PROPERTY MANAGEMENT
801 S. MAIN STREET
LAFAYETTE, INDIANA 47904
PHONE (765)-742-0195 / FAX 765-742-8882

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

YOUR NAME _____ SS # ____ - ____ - ____

SPOUSE'S NAME _____ SS # ____ - ____ - ____

YOUR BIRTHDAY: ____ / ____ / ____ SPOUSES BIRTHDAY ____ / ____ / ____

PRIMARY PHONE: _____ SECONDARY PHONE NUMBER: _____

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 OWNER'S 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 ADDRESS _____

IN CASE OF EMERGENCY NAME OF PERSON TO BE INFORMED _____
ADDRESS: _____ City _____ State _____ Zip Code _____
RELATIONSHIP _____
TELEPHONE NUMBER () _____ ---- _____

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

1. NAME _____
ADDRESS _____
PHONE # _____

NAME _____
ADDRESS _____
PHONE _____

VEHICLE INFORMATION/FOR ALL RESIDENT

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. If this application is accepted. I agree to execute the lease/Rental Agreement with Consolidated Property Management. The applicant acknowledges that the same as one month's rent amount 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 application fee and 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 _____

CPM