

APPLICATION FOR LEASE

Miriam Larmore, Owner
Teakwood Arms
P. O. Box 12691
Fort Wayne, Indiana, 46864-2691
Phone: 260-422-2203

Apartment Address: _____

Monthly Rent: _____

Move-In Date: _____

E-mail address _____

Current Date: _____

PLEASE PRINT

Full Name _____

Social Security Number _____

Date of Birth _____ Age: _____

Driver's License Number _____ State: _____

Current Phone Home: _____ Work: _____

Present Street Address _____

City, State & Zip Code _____

How long at present address _____

Reason for moving _____

Landlord's Name _____

Landlord's Phone Home: _____ Work: _____

Landlord's Address _____

City, State & Zip Code _____

Previous Street Address _____

City, State & Zip Code _____

How long at previous address _____

Reason for moving _____

Landlord's Name _____

Landlord's Phone Home: _____ Work: _____

Landlord's Address _____

City, State & Zip Code _____

Present Employer _____

Mailing Address _____

City, State & Zip Code _____

Phone _____ Extension: _____

Position/Occupation _____

Dates Employed From: _____ To: _____

Monthly Net Income _____

Supervisor's Name _____

Previous Employer _____

Mailing Address _____

City, State & Zip Code _____

Phone _____ Extension: _____

Position/Occupation _____

Dates Employed From: _____ To: _____

Monthly Net Income _____

Other Income: Source & Amount _____

Below list the name, age and relationship of all persons occupying the Apartment

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Personal References: (Please do not use relatives)

Name: _____ Phone No: _____
Address: _____ Years Known: _____
City, State & Zip Code: _____

Name: _____ Phone No: _____
Address: _____ Years Known: _____
City, State & Zip Code: _____

In Case of illness/emergency, please contact:

Name: _____ Relationship: _____
Address: _____ Phone: _____
City, State & Zip Code: _____

The above named person is authorized to enter the apartment and remove
Personal Property: () Yes () No

Doctor: _____ Phone: _____
Hospital Preference: _____
Other pertinent information regarding illness/emergency: _____

Bank Information:

Bank: _____ A/C No: _____ Ck () Sav ()
Address; City, State & Zip Code: _____
Bank: _____ A/C No: _____ Ck () Sav ()
Address; City, State & Zip Code: _____

Outstanding Debts and Credit References (List all accounts and or payments)

If more space is required, please use reverse side of this page.

Creditor: _____
A/C No: _____ Monthly Payment: _____ Due: _____
Address: _____
City, State & Zip Code: _____

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A/C No: _____ Monthly Payment: _____ Due: _____
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Creditor: _____
A/C No: _____ Monthly Payment: _____ Due: _____
Address: _____
City, State & Zip Code: _____

Other Required Information:

Have you ever broken a Rental Agreement or Lease Contract? _____ Ever Been Evicted? _____
Have you ever been sued for non-payment of rent or damaged to property? _____
Have you ever pleaded guilty or been convicted of a misdemeanor or felony? _____
Do you pay child support? _____ Amount Paid: _____ Weekly _____ Monthly _____
Do you owe child support? _____ Amount of arrears _____ Monthly Payment: _____
Do you have any unpaid Judgments? _____ Do you have any Judgments pending? _____
Have you ever used controlled substances? _____ Have you filed bankruptcy? When _____
Are you currently using any controlled substances? _____
Do you need any special accommodations? _____

If you answered "yes" to any of the questions under Other Required Information, please explain:

How were you referred? Resident/Friend () - Name: _____
Newspaper () Web Site () Apartment Guide () Signs () Other: _____

Vehicles: All vehicles (cars, trucks, motorcycles, etc.) must be registered with the Owner.

Vehicles not approved in writing may be towed at vehicle owner's expense.

Make/Model: _____ Color: _____ Year: _____

Make/Model: _____ Color: _____ Year: _____

Pets: All pets must be approved, in advance by the Owner, before brought onto the property for any reason. Will a pet be a part of your household? _____

A Pet Fee of \$_____ and a Monthly Pet Charge of \$_____ will be required for each pet. A Pet Agreement will be prepared with your Lease.

Type of Pet: _____ Breed: _____

Name: _____ Age: _____ Weight: _____ Sex: _____

Color or Markings: _____

Verification from Veterinarian that pet has been spayed or neutered must be submitted for a Pet Agreement.

Additional Information:

A non-refundable Application Fee of \$35.00 is payable with this Application. The Application Fee will not be refunded under any circumstances or applied as payment or credit on any monies due.

A Deposit of \$_____ is payable with this Application. Cancellation of this Application, by Applicant, will automatically forfeit any Deposit. If Application is declined by Owner, any Deposit paid will be refunded.

All information on this Application will be kept confidential and used only in relation to approving the Application.

CORRECT INFORMATION AND AUTHORIZATION TO INVESTIGATE:

In considering your Application, the Owner will rely heavily on the information you have supplied. It is important that the information be accurate and complete

By signing this Application you represent that all of the above statements are true and complete.

False information given on this Application shall be grounds for rejection, non-return of any Deposit and termination of right of occupancy.

Your signature authorizes investigation of Previous Residences (Landlord), Employment, Credit Bureau, Court and Police Records.

Signature of Applicant

Date