Rental Application Form

Email to Angela@cooklaw-cpa.com or fax to 317-738-3117

Home You're Interested In

•	Date:Anticipated Move-In Date:Property Address: Monthly Rent: \$Security Deposit: \$			
<u>Appli</u>	cant Information			
•	Full Name: Present Address: Telephone Number: Date of Birth: / / Last Four Digits of SSN:			
Applicant Employment				
•	Employer Name: Employer Address: Position://			
•	Date of Hire: / / Monthly Income (Gross): \$ Supervisor's Name: Supervisor's Phone Number:			
Spous	se Information			
•	Full Name: Present Address: Telephone Number: Date of Birth: / Last Four Digits of SSN:			
Spouse Employment				
•	Employer Name: Employer Address:			
•	Position: Date of Hire: / Monthly Income (Gross): \$			

•	Supervisor's Name:				
•	Supervisor's Phone	Number:			
Dagas	out I andland on Ma	ut as as Commo			
Prese	ent Landlord or Mo	rtgage Compa	<u>ny</u>		
•	Name:				
•	Name: Telephone Number: Monthly Rent/Mort				
•	Monthly Rent/Morts	gage Payment: \$			
•	Date of Move-In:	/ /			
•	Date of Move-In: Date of Move-Out (if applicable):	//_		
Perso	onal References				
(Non-	family members only:	please provide c	lose friends,	teachers, men	tors, or colleagues)
1	Name:				
1.	Name:Address:				
	Telephone Number:			-	
2.	Name:				
	Address:				
	Telephone Number:			_	
<u>Occu</u>	<u>ipants</u>				
(Lint)	all in dividuala suls a sui	Il live in the home	and their e	(20)	
(Lisi c	all individuals who wi	ii iive in ine nome	e ana ineir a	ige)	
1.			– Age:		
2.			Age:		
3.			Age:		
4.					
<u>Vehi</u>	cles				
1	Make:	Model:		Year:	
	Make:				
		1110 0011		1 3011	
Cred	it Obligations				
(List o	all current credit oblig	gations and minin	num monthly	v payment)	
1.				-\$	/ month
2.				-\$	/ month
3.				- \$	/ month
4.				- \$	/ month
5.				- \$	/ month

6	\$	/ month
<u>Disclosure Questions</u>		
(Check all that apply for any occupant listed above	ve)	
☐ Convicted of a felony		
☐ Received deferred adjudication for a felony		
☐ Been evicted		
☐ Broken a lease		
☐ Declared bankruptcy		
Please explain any checked boxes:		
Declaration and Authorization		
The above listed applicant(s) declare that all states complete. Applicant(s) hereby authorize ALH Pro information in this application and to obtain credit	operty Managen	nent to verify all of the
If the applicant or the applicant's spouse has given to reject the application and retain all application t time and expense in processing this application.		
Applicant Signature:	Date:	/ /
Applicant Signature:Spouse Signature (if applicable):		Date: / /