



OTTE RENTALS

APPLICATION

812-371-9038

www.otterentals.com

otterentals@gmail.com

----- Please Return your completed application to our mailslot located at -----

2221 N. CHERRY STREET COLUMBUS, IN 47201

Date: Address of Home/Apt. needed:

Adult #1 w/ middle name: DOB: SS#

Adult #1 Cell Phone: Alternate Phone:

Adult #1 Email:

Adult #2 w/ middle name: DOB: SS#

Adult #2 Cell Phone: Alternate Phone:

Adult #2 Email:

Can you pay the first months rent? Y / N Can you pay the first months deposit? Y / N Do you have bed bugs? Y / N

Have you ever been evicted? Y / N Have you ever been sued for non-payment of rent? Y / N Do you smoke? Y / N

Are you on Housing Assistance? Y / N How much does the Housing Authority Pay each month?

Name of Housing Authority Contact: Month your current lease ends?

Current Address: Move in date: Rent \$

Current Landlord: Landlord Phone: Given notice? Y / N

Will he give you a good or bad reference? If so, why?

Why are you leaving? Do you owe any back rent or utilities? Y / N

Previous Address: Move in date: Rent \$

Previous Landlord: Landlord Phone:

Will he give you a good or bad reference? If so, why?

Why did you leave? Did you owe any back rent or utilities?

Adult #1 Employment: Phone:

How Long? Wage: x Hours per week: = Pay per week:

Any other income?

Adult #2 Employment: Phone:

How Long? Wage: x Hours per week: = Pay per week:

Any other income?

Other persons living in house/apt:

Name: Adult Minor

Name: Adult Minor

Name: Adult Minor

Name: Adult Minor

Pets: Vehicles:

Vehicle Payments per Month: Child Care Expenses per Month:

Support Payments Paid Out: Other Payments or Judgements:

What will we find when we check with the courthouse and police?

Emergency Contact: Phone:

"I grant permission to my employer(s) to release employment information, and to Otte Rentals to check credit reports, listed, and unlisted references

at any time." I certify that the above information is true.

Adult #1 Signed X Adult #2 Signed X

Print Name: Print Name: