RENTAL APPLICATION

**** \$20.00 NON-REFUNDABLE APPLICATION FEE**** PERSONAL DATA

FULL NAME	DATE OF BIRTH				
	DRIVERS LIC. NOEXP. DATE				
SOC. SEC. NO	DRIVERS LIC. NO.	DATE OF BIRTH	8		
PHONE	CELL PHONE	EMAILEXP. DATE			
		EMAIL			
	OTHER OCCUPA	ANTS			
NAME	AGE	RELATIONSHIP			
	AGE	RELATIONSHIP			
1 37 (171)	AGE	DEL ATIONOLID			
NAME	AGE	RELATIONSHIP			
	ADDRESS INFORM	ATION			
PRESENT ADDRESS		_CITY/STATE/ZIP			
HOW FOUND AT ADDRESS	RFN	RENT PER MONTH			
I AID ITIKU	LEASE EX	PIRESON			
LANDLORD OR AGENT		PHONE	_		
		_CITY/STATE/ZIP			
HOW LONG AT ADDRESS	REN	T PER MONTH	_		
WAS FULL DEPOSIT RETUI	RNED	TTER MONTA	_		
REASON FOR MOVING			_		
LANDLORD OR AGENT		PHONE	_		
		-	_		
	PERSONAL REFERE	NCES			
NAME	LENGTH	LENGTH OF ACQUAINTANCE			
ADDRESS		PHONE			
INAIVIE	LENGTH	LENGTH OF ACQUAINTANCE			
ADDRESS		PHONE	_		
		RELATIONSHIP			
ADDRESS		RELATIONSHIP	_		

EMPLOYMENT INFORMATION

EMPLOYER	SINCE				
POSTION HELD	SUPERVISOR				
	PHONE				
PRIOR EMPLOYER	HOW LONG				
	SUPERVISOR				
ADDRESS	PHONE				
	INCO	ME			
CURRENT INCOME	WEEKLY/BIWEEKLY		SOURCE		
	WEEKLY/BIWEEKLY				
CURRENT INCOME	WEEKLY/BIWEEKL	Y/MONTHLY			
CURRENT INCOME	WEEKLY/BIWEEKL	Y/MONTHLY			
	MONTHLY E	EXPENSES			
CAR PAYMENT	CREDITOR		MT \$	CURRENT YES/NC	
	CREDITOR				
	CREDITOR				
CELL PHONE	CREDITOR	Δ	MT \$	CURRENT YES/NO	
	CREDITOR				
	CREDITOR				
	CREDITOR				
INSURANCE	CREDITOR	<i>F</i>	MT \$	CURRENT YES/NO	
	CREDITOR				
	CREDITOR				
	BANK INFO	RMATION			
BANK NAME				_CHECKING / SAVINGS	
	CAF	00			
MAKE/MODEL/COLOR			LIC E) ATC #	
MAKE/MODEL/COLOR	LIC. PLATE # LIC. PLATE #				
				D (1 L #	
	PET	rs			
BREED		AGE			
IS YOUR PET LICENS	ED? YES/NO HAV	/E INSURAI	NCE ON Y	OUR PET? YES/NO	
DO YOU INTEND TO A	AQUIRE A NEW PET? Y	ES/NO			
ARE YOU WILLING TO	DAY A NON-REFUNDA	RIFDET	EDOCITO	VEC/NO	

OTHER

HAVE YOU EVER FILED BANKRUPTCY, OR IS THERE A JUDGMENT, OR ANY	
LITIGATION PENDING AGAINST YOU? YES/NO IF YES PLEASE EXPLAIN:	
II TEST ELAGE EXITEMIN.	
HAVE YOU EVER BEEN EVICTED? YES/NO	
HAS YOUR SECURITY DEPOSIT EVER BEEN KEPT BY A LANDLORD? YES/N IF YES PLEASE EXPLAIN:	
DO YOU CARRY RENTER'S INSURANCE? YES/NO	
DO YOU OWN APPLIANCES? YES/NO IFYESWHICH ONES:	
DO YOU ALLOW SMOKING IN YOUR HOME? YES/NO	
DO YOU INTEND TO MAKE A PURCHASE FROM A RENTAL	
CENTER? YES/NO DO YOU HAVE ANY GARNISHMENTS? YES/NO	
IF YES HOW MUCH IS BEING GARNISHED AND WHAT IS THE BALANCE:	
WHEN DO YOU PLAN ON MOVING:	
IN CONSIDERING THIS APPLICATION FROM YOU, MANAGEMENT WILL RELY HEAVILY ON INFORMATION WHICH YOU HAVE SUPPLIED. IT MUST BE ACCURATE AND COMPLETE. ALM MUST BE ANSWERED TO BE CONSIDERED AS TENANTS. BY SIGNING THIS APPLICATION REPRESENT AND WARRANT THE ACCURACY OF THE INFORMATION. APPLICANT AUTHO MANAGEMENT/OWNER TO MAKE ANY AND ALL INQUIRES NECESSARY TO VERIFY THE INIPROVIDED HEREIN, INCLUDING BUT NOT LIMITED TO DIRECT CONTACT WITH APPLICATA EMPLOYER, PAST EMPLOYERS, LANDLORD, PRIOR LANDLORD, CREDIT, CREDIT BUREAU NEIGHBORS, POLICE AGENCIES AND ANY AND ALL OTHER SOURCES OF INFORMATION WOWNER MAY	L QUESTIONS , YOU RIZES FORMATION NT'S
DEEM NECESSARY AND APPROPRIATE WITHIN HIS SOLE DISCRETION.	5.475
APPLICANT	DATE
APPLICANT	DATE

Michiana Rentals LLC P.O. Box 646

Osce01a, IN 46561

Phone: 574-993-7368 Fax: 574-235-4809

Authorization to Release

I / We have applied for a rental with Michiana Rentals LLC.

You are hereby authorized to release any information requested to them, their affiliates, representatives or agents in order to complete the processing of my application. Information may include credit check, verification of employment, verification of rental and income record.

A photographic copy of this signed authorization may be deemed as the equivalent of the original and may be used as a duplicate of the original.

Your prompt reply will help me expedite my rental transaction. Thank you for your cooperation.

name	_SSN
name	_SSN
name	_SSN
name	_SSN