

**North Dearborn Crossing Apartments**

c/o Maxwell Properties V, Inc.

440 Nowlin Avenue

Greendale, IN 47025

Toll Free 866.865.6607

Fax 812.537.2388

**Rental Application**

For Office Use Only

Date \_\_\_\_\_

Property North Dearborn Crossing Apartments

Apt # \_\_\_\_\_ Rent \$ \_\_\_\_\_

Please complete all requested information on this form.

Date of Application _____	Desired Date of Occupancy _____
Type and Size of Apartment Wanted (# of Bedrooms, etc.) _____	

**PERSONAL INFORMATION**

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Driver's License #/State \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

CO-APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Driver's License #/State \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Full Names of All Other Residents:	Relationship to Applicant	Date of Birth

Number of Pets Owned by You/Other Occupant \_\_\_\_\_ Name & Telephone # of Veterinarian \_\_\_\_\_  
 Kind of Pet(s), Breed, Weight, Age \_\_\_\_\_

**PLEASE COMPLETE PET APPLICATION FORM AND REVIEW PET POLICY**

**RESIDENCE HISTORY**

PRESENT ADDRESS \_\_\_\_\_  
 Present Telephone \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
 Previous Telephone \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**EMPLOYMENT INFORMATION**

PRESENT EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_

**BANKING AND CREDIT REFERENCES**

BANK NAME AND BRANCH \_\_\_\_\_ Telephone: \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

OTHER REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

**VEHICLE INFORMATION**

TOTAL NUMBER OF VEHICLES (INCLUDING COMPANY VEHICLES) \_\_\_\_\_

Make/Model _____	Year _____	Color _____	Tag No./State _____
Make/Model _____	Year _____	Color _____	Tag No./State _____

**INCOME VERIFICATION**

TOTAL GROSS MONTHLY HOUSEHOLD INCOME \$ \_\_\_\_\_

Applicant Income \$ \_\_\_\_\_

Co-Applicant Income \$ \_\_\_\_\_

*If there are other sources of income you would like us to consider, please list income, source and person to contact for confirmation.*

*You do NOT have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.*

Amount \$ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Amount \$ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

HAVE YOU OR YOUR CO-APPLICANT EVER:

Been sued for non-payment of rent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been evicted or asked to move out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Broken a Rental Agreement or Lease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been sued for damage to rental property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Declared Bankruptcy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**OTHER INFORMATION**

HAVE YOU OR YOUR CO-APPLICANT EVER BEEN CONVICTED OF A FELONY?

Yes  No  If so, when and explain \_\_\_\_\_

In Case of Personal Emergency, Notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby make application for an apartment and certify that the information contained in this application is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file. I also authorize you to conduct a criminal records search to verify any criminal record I may have.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 CO-APPLICANT \_\_\_\_\_  
 DATE SIGNED \_\_\_\_\_  
 WITNESS SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW**

Date Application Received		Received By	
REFERENCE VERIFICATION	REMARKS	RECORD OF PAYMENTS RECEIVED	
<input type="checkbox"/> Present Landlord		Date	Description Amount
<input type="checkbox"/> Previous Landlord			
<input type="checkbox"/> Pet Reference			
<input type="checkbox"/> Employment			
<input type="checkbox"/> Previous Employment			
<input type="checkbox"/> Co-Applicant Employment			
<input type="checkbox"/> Bank		THIS APPLICATION: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
<input type="checkbox"/> Credit (1)		Date	_____
<input type="checkbox"/> Credit (2)		By	_____
<input type="checkbox"/> Other		Assigned Apt	_____ Rent _____
<input type="checkbox"/> Income		Apt. Address	_____
<input type="checkbox"/> Other Income		Lease Term From	_____ To _____
<input type="checkbox"/> Criminal History		Move In Date	_____