

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 Cross no 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: _____
 Checking Account # _____ Savings Account # _____
 Loan Account # _____ Loan Account # _____
 CREDIT REFERENCE _____ Telephone _____
 Address _____ Account # _____
 CREDIT REFERENCE _____ Telephone _____
 Address _____ Account # _____
 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		
		Date	Description	Amount
<input type="checkbox"/> Present Landlord				
<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	_____	