



1724 Wabash Ave
Terre Haute, IN 47807

Phone: 812-234-8808
Fax: 812-234-8809

- ⊙ \$10 NON-REFUNDABLE APPLICATION FEE REQUIRED FOR EACH RESIDENT 18 OR OLDER
- ⊙ EACH CO RESIDENT AND EACH OCCUPANT OVER 18 YEARS OF AGE MUST SUBMIT A SEPARATE APPLICATION

Type of unit desired: _____ Date of Application: _____

Anticipated move in date: _____ Monthly Rent: _____ Deposit: _____

Applicant's Name (First, Middle, Last)		_____
Co-Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, co applicant must submit a separate application</i>
Applicant's former last name if applicable:		_____
Social Security #:	_____	Date of Birth: _____ / _____ / _____
Email:	_____	Home Phone: _____
Work Phone:	_____	Cell Phone: _____
Occupancy: Number of adults:	_____	Number of children: _____

Applicant's current address:		
Last 2 years residence, including Landlords		Phone: _____

Place of employment:			_____
Address of employment:			_____
Supervisor's Name:		Phone Number	_____
Monthly Income:	_____	Start Date:	_____ Position: _____
Describe any additional income applicant wants to be considered:			_____

Has applicant ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain below</i>
Has applicant ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Use additional sheet if necessary</i>

Additional notes: (Use additional sheet if required)	_____
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Continued on reverse

Name, Age and Relationship of everyone that will occupy the property, including children:		
Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 8? Yes / No If Yes, Caseworkers name: _____

Emergency Contact: _____	Relationship: _____
Home or Cell Phone: _____	Work Phone: _____
Address: _____ (Street, City, State, Zip)	

Personal References:		
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

Representation: Application represents that the statements are true and complete. Providing false information is grounds for rejection, termination of lease and retention of monies tendered to Landlord held as liquidated damages.

Authorization: Application authorizes Landlord or Landlord's agent, at any time before, during or after any tenancy, to: (1) Obtain a copy of any consumer or credit report related to this application; and (2) to verify any rental history, employment history, income or any other information related to this application; and (3) discuss information in consumer report with Landlord or Landlord's agent. I/we understand that in order for the application to be processed, an application fee of \$10 per occupant over the age of 18 must be paid in advance. Once approved, applicant will pay the deposit within 24 hours of being approved for the property. My rent shall start no later than 7 days after the deposit is paid. If I do decide not to lease the property after 7 days I will forfeit my deposit. Applicant shall be responsible for contacting landlord or landlord's agent to determine if approval has been obtained within 24 hours of the application.

I/We further acknowledge that if the rental application is denied, the \$10 application fee will not be refunded.

Signature of Applicant

Date

Landlord or Landlord's Agent

Date

To be filled out by L.J. Michaels Staff Only

Application Fee Paid: Yes No By Check # _____ Cash Other _____