1724 Wabash Ave, Terre Haute, IN 47807 Office: 812-234-8808 Fax: 812-234-8809

## • \$45 NON REFUNDABLE APPLICATION FEE REQUIRED FOR EACH RESIDENT 18 OR OLDER

CHAEL

'Real Estate & Appraisals'

Since 1987

## EACH CO-APPLICANT OR RESIDENT OVER THE AGE OF 18 MUST SUBMIT A SEPARATE APPLICATION

TYPE OF UNIT DESIRED:	APPICATION DATE:			
ANTICIPATED MOVE IN DATE:	MONTHLY RENT:	DEPOSIT:		
Applicant's name (First, Middle, Last) Co-Applicant: □Yes □No Applicant's former last name if applicable	If yes, co-applicant mu	st submit a separate application		
Social Security #:		of Birth:		
	Home Phone:			
	Cell Phone:			
	Children:			
Applicant's current address: Last 2 years residence, including landlord		Phone:		
Place of employment:				
Address of employment:				
Supervisors name:    Phone number:				
Monthly income: Start d	ate:	Position:		
Describe any additional income applicant wants to be considered:				
Has applicant ever been evicted? Has applicant ever been convicted of a felony? Yes No Use additional sheet if necessary				
Do you have any pets?  Yes No Dog I If a dog, what breed? Additional notes: (Use additional sheet if required).		additional pet.		

Name	Age	Relationship	
Section 8? Yes/No	If Yes, Caseworkers name:		
Emergency Contact:		_ Relationship:	
Home or Cell Phone: Address:		Work Phone:	
	A ddmagg	Dhono#:	
		Phone#: 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; (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 \$45 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 7days, 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 \$45 application fee will not be refunded.

Signature of Applicant	Landlord/Landlord's Agent		
Date	Date		
To be filled out by L.J. Michaels Staff Only			

Application fee Paid: $\Box$ Yes $\Box$ No	By Check #	$\Box$ Cash $\Box$ Other
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