



APPLICATION FOR RESIDENCY

(Roommates and co-signers must submit separate applications)

For office
use only

MOVE IN DATE:	LEASING AGENT:
COMMUNITY:	UNIT TYPE:
APARTMENT #:	BASE RENT:

1501 East Hillside Drive, Bloomington, IN 47401, (812) 333-9355, Fax (812) 333-4089

APPLICANT		SPOUSE (IF APPLICABLE)	
NAME	HOME PHONE	NAME	HOME PHONE
SS#	D.O.B.	SS#	D.O.B.
D.L. #:	STATE ISSUED	D.L. #:	STATE ISSUED
EMAIL:		EMAIL:	
HOW DID YOU HEAR ABOUT US?			
RESIDENTIAL HISTORY			
CURRENT STREET ADDRESS		APT #	CITY
		STATE	ZIP
NAME OF LANDLORD	LANDLORD PHONE #	REASON FOR LEAVING	MO PAYMENT
HOW LONG THERE?	LANDLORD ADDRESS		
PREVIOUS STREET ADDRESS		APT #	CITY
		STATE	ZIP
NAME OF LANDLORD	LANDLORD PHONE #	REASON FOR LEAVING	MO PAYMENT
HOW LONG THERE?	LANDLORD ADDRESS		
PERMANENT STREET ADDRESS		APT #	CITY
		STATE	ZIP
NAME OF LANDLORD	LANDLORD PHONE #	REASON FOR LEAVING	MO PAYMENT
HOW LONG THERE?	LANDLORD ADDRESS		
EMPLOYMENT HISTORY		SPOUSE'S EMPLOYMENT HISTORY	
NAME OF CURRENT EMPLOYER		NAME OF CURRENT EMPLOYER	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE #	SUPERVISOR	PHONE #
POSITION HELD	HOW LONG?	POSITION HELD	HOW LONG?
ANNUAL SALARY		ANNUAL SALARY	
NAME OF PREVIOUS EMPLOYER		NAME OF PREVIOUS EMPLOYER	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE #	SUPERVISOR	PHONE #
POSITION HELD	HOW LONG?	POSITION HELD	HOW LONG?
ANNUAL SALARY		ANNUAL SALARY	
OTHER MONTHLY INCOME	SOURCE	OTHER MONTHLY INCOME	SOURCE

OTHER OCCUPANTS - LIST ALL OTHERS WHO WILL OCCUPY THE PREMISES

NAME	RELATIONSHIP	D.O.B.	NAME	RELATIONSHIP	D.O.B.
NAME	RELATIONSHIP	D.O.B.	NAME	RELATIONSHIP	D.O.B.
NAME	RELATIONSHIP	D.O.B.	NAME	RELATIONSHIP	D.O.B.

EMERGENCY CONTACT

NAME	RELATIONSHIP	WORK #	HOME #
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THE ABOVE PERSON IS AUTHORIZED/NOT AUTHORIZED (circle one) TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLING/MAILBOX/STORAGE AREAS IN THE EVENT OF SERIOUS ILLNESS OR DEATH OF RESIDENT.

PET INFORMATION

DO YOU HAVE ANY PETS? IF SO, LIST BELOW.

TYPE	WEIGHT	AGE	MALE/FEMALE	COLOR	TYPE	WEIGHT	AGE	MALE/FEMALE	COLOR
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MISCELLANEOUS

HAVE YOU EVER BEEN EVICTED?	HAVE YOU EVER BEEN EVICTED?
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	HAVE YOU EVER BEEN CONVICTED OF A FELONY?

WAITING LIST

If an apartment is not available you may place this application with the Landlord with the understanding that a waiting list exists. The applications will be considered on a sequential basis and will be reviewed as apartments become available. The terms and conditions of this application will be applicable from the time of Landlord's notification to you of approval for the available apartment.

Preferred Apartment Type (circle one) 1bdr/1ba 2bdr/1ba 2bdr/2ba 3bdr/1ba 3bdr/2ba
Proposed Move In Date: _____

APPLICATION AGREEMENT

Required:

A sum of \$ **25.00**, which is a non-refundable payment for a credit check and processing charge of this application has been submitted by all applicants. Such sum is not a rental payment or a security deposit. This amount will be retained by management to cover the cost of processing the application as furnished by the applicant; any false information will constitute grounds for rejection of this application.

Optional:

A Deposit of \$ _____ has been submitted by the Applicant. If this application is not approved, the deposit shall be refunded.

You agree to exercise a written lease agreement within five days of notification of approval of your application. If you cancel this application in writing within one day after the date of this application, Landlord shall return the deposit. If you fail to sign the lease presented to you after your application has been approved, the deposit of all applicants can be retained by Management as liquidated damages. I/we certify that the above information is true and accurate and give Deer Park Management, Inc. permission to run a credit check. I/we also give all persons/firms named above permission to freely give any requested information concerning me/us and I/we hereby waive all right of action for any consequence resulting from such information.

Applicant's <u>Signature</u>	Date
Spouse's <u>Signature</u>	Date
Management/ <u>Leasing</u> Consultant's <u>Signature</u>	Date

Credit Card you will be using:



CARD NUMBER	AMOUNT
- - -	
SIGNATURE	EXP. DATE
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