



APPLICATION TO RENT

TENANT CO-TENANT GUARANTOR/CO-SIGNOR

Property Address City State Zip

PERSONAL INFORMATION

First Name: Mother's Maiden Name: Middle Name: Driver's License # & State: Last Name: Social Security Number: AKA /Nickname: Email Address: Home Phone:() Cell Phone:() Work:() Fax:() Date of Birth: MM/DD/YYYY / / Are you a veteran?(circle one) Yes No

OTHER PROPOSED OCCUPANTS (Including Minors) ALL OCCUPANTS OVER 18 YEARS OF AGE MUST COMPLETE A SEPARATE APPLICATION

Applicants in the State of Ohio: SKIP THIS SECTION

Table with 6 columns: First Name, Middle Initial, Last Name, Relationship, Social Security Number, Date of Birth

ADDRESS HISTORY (10 Years)

Current Address Unit # Own Rent City State Zip Code Country From | | To | | Monthly Payment/Rental Amount \$ Landlord/Manager Name: Phone: () Reason for leaving this address

Previous Address Unit # Own Rent City State Zip Code Country From | | To | | Monthly Payment/Rental Amount \$ Landlord/Manager Name: Phone: () Reason for leaving this address

Previous Address Unit # Own Rent City State Zip Code Country From | | To | | Monthly Payment/Rental Amount \$ Landlord/Manager Name: Phone: () Reason for leaving this address

Auto Make Model Year Color Lic. # State Auto Make Model Year Color Lic. # State Pets Number & Type: Weight:

FINANCIAL INFORMATION (Use extra sheet if necessary)

NAME OF CREDITOR	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE DUE

NAME OF BANK BRANCH	ACCOUNT NUMBER	TYPE OF ACCOUNT	ACCOUNT BALANCE

PERSONAL REFERENCES AND RELATIVES

NAME	RELATIONSHIP	ADDRESS	PHONE	KNOWN SINCE

EMERGENCY CONTACT

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EMPLOYMENT INFORMATION (Last 10 Years)

Current Employer: _____ Address: _____
 City _____ State _____ Zip Code _____ Position or Title: _____
 Employed Since ____ | ____ | ____ Monthly Gross Income \$ _____
 Supervisor Name: _____ Phone: (____) _____ Verify Employment: (____)

Previous Employer: _____ Address: _____
 City _____ State _____ Zip Code _____ Position or Title: _____
 Employed Since ____ | ____ | ____ Monthly Gross Income \$ _____
 Supervisor Name: _____ Phone: (____) _____ Verify Employment: (____)

Have you ever: Been Convicted of a Crime? Been Evicted? Filed for Bankruptcy? Broken a Lease?

Applicant represents that statements made are true and correct and hereby authorize verification of references to include but not limited to credit checks, criminal checks, unlawful detainer checks, telecheck and agrees to furnish additional credit references upon request. Applicant agrees to pay for said which is a part of the application process and is charge for the administrative costs of application consideration.

Applicant Signature _____ Date _____ Time _____

We do business in accordance with the FEDERAL FAIR HOUSING LAW (The Fair Housing Amendments Act of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination by calling the U.S. Department of Housing and Urban Development. 1-800-669-9777

Please fill out this application and return it to Project Neighbors at
 454 College Ave, Valparaiso, IN 46383 (entrance on Union St).

If you have any questions, please email, call, or text Property Manager,
 Angela Blackwell:

Email: angela.blackwell@projectneighbors.org

Call/Text: (219) 200-2377