

North Dearborn Crossing Apartments

c/o Maxwell Properties V, Inc.
440 Nowlin Avenue
Greendale, IN 47025
513-330-2850 Call or Text

Rental Application

For Office Use Only

Date	_____
Property	North Dearborn Crossing 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 _____
 Cell Number _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____
 Social Security # _____ Driver's License #/State _____
 E-mail Address _____
 Cell Number _____

Full Names of All Other Residents:	Relationship to Applicant	Date of Birth

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: _____

PERSONAL REFERENCE _____ Telephone _____
 Address _____

CREDIT REFERENCE _____ Telephone _____
 Address _____

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

REFERENCE VERIFICATION	REMARKS	RECORD OF PAYMENTS RECEIVED		
<input type="checkbox"/> Present Landlord		Date	Description	Amount
<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	_____	