

Arbor Green Apartments
3836 Arbor Green Lane ~ Indianapolis, IN 46220
Phone (317)251-0843 ~ Fax (317)251-3292

Application for Residency

Date: _____ Future Address: _____

Rent Amount: _____

Apartment Includes: _____

Any Pets: _____

What date would you like to start renting? _____ Number of people that will occupy the Apt: _____

Please fill out completely or your application will not be accepted
Personal Information

Applicant's Name: _____ D.O.B.: _____ S.S.#: _____

Driver's License #: _____ State: _____

of Children: _____ Ages: _____

Present Address: _____ City: _____ State: _____ Zip: _____

How long have you live at this address?: _____ Home Phone #: _____ Work Phone #: _____

Landlord's Name: _____

Landlord's Phone #: _____

Reason For Leaving: _____ Current Rent _____

Previous Landlord: _____ How Long: _____ Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord: _____ How Long: _____ Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Employment Information

Present Employer: _____ City: _____ State: _____ Zip: _____

Employer's Phone #: _____ Your Position: _____ How Long?: _____

Supervisor: _____ Supervisor's Phone #: _____ Per Hr: _____ Gross Monthly Income _____

Previous Employer: _____ City: _____ State: _____ Zip: _____

Employer's Phone #: _____ Your Position: _____ How Long?: _____

Supervisor: _____ Supervisor's Phone #: _____ Per Hr: _____ Gross Monthly Income _____

Credit References

Name of You Bank: _____ Checking: Yes _____ No _____ Account #: _____

Savings Account: Yes _____ No _____ Account #: _____

Other Information

Have you ever been evicted? Yes _____ No _____

Have you ever filed for bankruptcy? Yes _____ No _____

Have you ever been arrested or convicted for anything other than a traffic offense? Yes _____ No _____

If yes, please

explain: _____

Automobile Information

Make of Auto: _____ Year: _____ Vehicle License
#: _____ State _____

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#: _____ State _____

In case of emergency, please notify: (List Nearest Family Member)

Name Address Relationship

Telephone

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Telephone

How did you learn about the
apartment?: _____

Applicant hereby authorizes verification of any set forth on this application , including the release of information by any bank or savings and loan, employer (present or former) and any lender. All such information herein, and released as authorized above, will be kept confidential. **APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.**

Material misstatements or representations on this application will constitute a default under the Lease or Rental Agreement between the Parties. Applicant understands that there is a non-refundable (application) processing fee and the deposit given by Applicant herewith is refundable only if this Applicant is rejected. In addition, OWNER agrees to take the dwelling off the market while OWNER considers the approval of the applicant. Neither this application or application deposit may be withdrawn by applicant . If applicant withdraws his/her application or changes his/her mind about the dwelling, the application deposit of all applicants will be retained by OWNER.

Application Processing Fee \$ _____ + Application Deposit Amount \$ _____ =
Total Amount \$ _____

Signature of Applicant_____

Date_____

Received By_____

Date_____

Leasing Agent

Please attach a copy of your driver's license, social security card and paycheck stubs for each applicant name on the application.