

Rental Application
 For Office Use Only
 Date _____
 Property _____
 Apt. No. _____ Rent \$ _____
 Agent _____

Please remember to sign the application and forward the application fee of \$50 for one or two applicants and \$10 for each additional applicant to Kevin at the address listed below.

Real Estate Alternative, LLC



234 East 9th Street, Suite B01
 Indianapolis, IN 46204
 (317) 955-0987

Please complete all requested information on both pages of this form. Thank you for your interest in our apartments.

Date of Application _____ Desired Date of Occupancy _____
 Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____

PERSONAL INFORMATION

Applicant's full name		Date of Birth		
Social Security No.		Driver's License No./State		
Co-Applicant's full name		Date of Birth		
Social Security No.		Driver's License No./State		Relationship
Full Names of All Other Residents:	Relationship to You	Date of Birth		
How Many Pets Do You or Other Occupants Own?				
Kind of Pet, Breed, Weight and Age				
How Did You Hear About Our Property?				

RESIDENCE HISTORY

Present Address		
Present Telephone	Dates From:	To:
Present Landlord or Mortgage Company	Telephone	
Monthly Payment \$	Reason For Moving	
Previous Address		
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	Gross Monthly Salary	
Previous Employer		Dates From:	To:
Employer's Address		Telephone	
Position	Supervisor	Gross Monthly Salary	

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles)

Make/Model	Year	Color	Tag No./State
Make/Model	Year	Color	Tag No./State

Other Car, Motorcycle, etc. _____

Total Gross Monthly Household Income \$

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could 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

Comments:

Have you or a co-applicant ever: Been sued for non-payment of rent? Yes No
 Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
 Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

In Case of Personal Emergency, Notify: _____ Relationship _____
 Address _____ Home Phone _____ Work Phone _____

I hereby make application for an apartment and certify that this information 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.	Applicant's Signature _____ Co-Applicant _____ Date Signed _____
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For Office Use Only-Do not Write Below

Date Application Received _____		Received By _____		
REFERENCE VERIFICATION	REMARKS	RECORD OF PAYMENTS RECEIVED		
<input type="checkbox"/> Present Landlord				
<input type="checkbox"/> Previous Landlord		Date	Description	Amount
<input type="checkbox"/> Employment				
<input type="checkbox"/> Previous Employ.				
<input type="checkbox"/> Co-Applicant Employ.				
<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"/> Credit (3)		Assigned to Apt. No.	Rent\$	
<input type="checkbox"/> Other		Apartment Address		
		Applicant Notified By		
		Anticipated Move-In Date		