



Application For Residence

727 Fulton Street * Fort Wayne * IN *46802

Phone: 260-420-8700

Fax: 260-420-8701

Photo ID Here

Personal Information

| | | | | | |
|---------------------------------|--|--------------------|--|-------------------|--|
| Last Name | | First Name | | Middle Name | |
| Maiden/Other Names | | Date Of Birth | | Social Security # | |
| Home Phone Number | | Other Phone Number | | Email Address | |
| Personal Reference (Relative) | | Relationship | | Phone Number | |
| Personal Reference (Non-Relate) | | Relationship | | Phone Number | |

Employment/Income Information

| | | | | | |
|---------------------------|----|------------------------|--|---------------------|--|
| Current Employer | | Employer Phone # | | Start Date | |
| Current Monthly Income | \$ | Manager/Supervisor | | Contact Phone # | |
| Previous Employer | | Employer Phone # | | Start and End Dates | |
| Previous Monthly Income | \$ | Manager/Supervisor | | Contact Phone # | |
| Additional Monthly Income | \$ | SSI, School Money etc. | | Other | |

Residential History Information

| | | | | | |
|----------------------------|--|--------------------------|--|-------------------------|----|
| Current Place of Residence | | Rent? Buy? Stay w/Friend | | Rent/Payment Amount | \$ |
| Landlord Name | | Landlord Phone # | | Move In Date | |
| Previous Residence | | Rent? Buy? Stay w/Friend | | Rent/Payment Amount | \$ |
| Landlord Name | | Landlord Phone # | | Move In & Move Out Date | |

Please name all people who will occupy this residence for more than two weeks.

Name

Age

Relationship

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

At your current residence have you had an insect infestation such as fleas or bed bugs? Yes ___ No ___

Do you intend to have any pets in the rented premises? Yes ___ No ___ Description _____

Have you ever been evicted through the courts? Yes ___ No ___ If yes, please give name of evicting landlord. _____

I hereby certify that the above is a complete and accurate application for residency. I hereby authorize Midtowne Realty, Inc. to take reasonable steps to verify the information by contacting whomever they deem necessary

Applicant Authorization

I hereby authorize Midtowne Realty, Inc. to investigate information regarding my employment or residential history. This may include, but is not limited to, contacting previous employers or previous landlords, performing a criminal background investigation, obtaining a credit report, or any other investigation Midtowne Realty may find necessary or important. In addition I authorize those contacted to release any information they may have to Midtowne Realty, Inc.

Name _____ DOB _____ SSN # XXX-XX-_____

Signature _____ Date _____

Applicant – Do not write below this line.

Landlord Verification

1. Has the above person ever rented from you? _____
2. What were the dates of occupancy? _____
3. Did you experience poor housekeeping with them? _____
4. Did you ever have any complaints from neighbors? _____
5. What was their rent amount? _____ Do they currently owe a balance? _____ How Much? _____
6. How many times have they been 30 days late? _____
7. Have you received a 30 day notice? _____
8. Have you ever filed eviction proceedings against this tenant? _____
9. Has this tenant ever had an infestation of bed bugs in their apartment Yes _____ or No _____
10. Did the above person leave on good terms? _____

Signature _____ Date _____

Employer Verification

1. Has the above person ever worked for you or your company? _____
2. Please give the start and end dates . Start _____ End _____
3. Please give approximate number of weekly hours worked. _____
4. Please indicate hourly wage or salary. _____
5. Do you feel this person is a responsible employee? _____