

Kingsley Property Management, Inc.



Rent Amount _____
Deposit _____
Application Fee **\$35.00** _____
Total Move-in Cost _____

4521 E. Washington St. #B2
Indianapolis, IN 46201
Phone #(317)357-7291
Fax# (317)356-7475

Rental Application

Unit Desired _____
(fill in all blanks read from left to right)

Requested Move-in Date _____

Tenant #1 Information:

Name _____
Date of Birth _____
Current Address _____
City, State, Zip _____
Landlord's Name _____
Bank Name _____
Is Landlord a Friend or Relative? Yes No (circle One)
Have you ever been Arrested or Convicted of Crime _____
Have you ever Filed for Bankruptcy? _____
Have any Judgments for Non-Payment _____

Current Phone Number () - _____
Social Security Number _____
Driver's License Number _____
How Long? _____ Rent Amount? _____
Why are you moving? _____
Landlord's Phone Number () - _____
Account Number _____
Email Address _____
If Yes, What For? _____
Been Evicted _____ Refused to Pay Rent _____
If Yes, Made payment Arrangements? _____

#1 Employment Information:

Employer _____
Address _____

City, State, Zip _____
Supervisor Name _____
2nd Job Name: _____
Do You Receive Social Security /Other Income? _____

Employer's Phone Number () - _____
Position With Company _____
How Long Employed? _____
Monthly Income _____ Take Home _____
2nd Job Phone: _____
What? _____ Monthly Amount _____

Vehicle Information:

Year _____ Make _____ Model _____
Year _____ Make _____ Model _____

Plate# _____ Monthly Payment? _____
Plate# _____ Monthly Payment? _____

Credit Information:

Name: _____ Amount Owed? _____
Name: _____ Amount Owed? _____

Monthly Payment? _____
Monthly Payment? _____

List all Others To Occupy Premises Including Children, Relatives and Others Not Listed Above:

| NAMES | AGES | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Pets: NO DOGS ALLOWED:

Name, Description and Weight _____

Pets are not allowed on the premises (even temporarily) at any time unless otherwise agreed to by the landlord in writing. **NO EXCEPTIONS.** Cat requires extra \$100 Non-refundable pet deposit, Plus \$15.00 per Month. Unauthorized Pets subject to \$10.00 per day Fine.

Tenant #1:

Parent's _____ Address _____ Phone _____

Friend In Area _____ Address _____ Phone _____

Emergency _____ Address _____ Phone _____

How were you referred to us? () Saw Sign () Newspaper Ad () Friend-Name _____
() Other _____ Suggestions or comments to improve: _____

ANY FALSE INFORMATION ENTERED ON THIS APPLICATION CONSTITUTES FRAUD. YOUR \$100.00 HOLDING FEE WILL BE FORFEITED.

THIS APPLICATION WILL NOT BE PROCESSED FOR APPROVAL UNTIL THE APPLICATION AND HOLDING FEE HAS BEEN PAID.

I understand that this application is preliminary only and involves no obligation of the owner or it's agent to approve this application and/or to deliver occupancy of the proposed premises. Should the applicant withdraw this application or fail to lease the described unit by the requested occupancy date, the owner shall have the right to VOID this application and retain any deposit (s) held as liquidated damages.

I hereby make application for lease and agree to the provisions stated above. I also acknowledge the lease term of one year and agree to furnish all required metered utilities. I further authorize the owner or his agent to verify and/or report, by any means available to him, the information furnished in this application.

THERE WILL BE A \$35.00 NON-REFUNDABLE FEE CHARGED FOR CREDIT VERIFICATION ON ALL LEASE APPLICATIONS AND A \$100.00 HOLDING FEE TO BE SUBMITTED WITH EACH APPLICATION. IF APPROVED, HOLDING FEE APPLIES TOWARD SECURITY DEPOSIT. IF DISQUALIFIED FOR REASON OTHER THAN FRAUD, HOLDING FEE WILL BE REFUNDED WITHIN 72 HOURS BY CHECK.

Tenant #1 Signature _____

Date _____

Tenant #1 Printed Name _____

Social Security Number _____