

Cosigner

Type of Apartment Desired \_\_\_\_\_ Date Requested \_\_\_\_\_ Referred by \_\_\_\_\_  
Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse/Other \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
To be Wed \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Persons to Occupy Apartment (other than lessee). No other persons will be permitted to live on premises.

1.	Relationship	Date of Birth
2.	Relationship	Date of Birth
3.	Relationship	Date of Birth

Employment Applicant		Employment <del>Spouse/Other</del> <u>Cosigner</u>	
Employer	Position	Employer	Position
Address		Address	
Supervisor		Supervisor	
Income \$	wk mo yr	Income \$	wk mo yr
How Long		How Long	

Former Employer and Address \_\_\_\_\_  
Other Income \_\_\_\_\_  
Do you have any special needs? \_\_\_\_\_

**LIST AT LEAST TWO YEARS PAST RESIDENCY**

Present Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Length of Time \_\_\_\_\_ Owns ( ) Rents ( ) Do you have a lease? \_\_\_\_\_ Expires When? \_\_\_\_\_  
 Name of Owner of Mortgage Holder \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Monthly Rental or Mortgage Payment \$ \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Have you ever been evicted/foreclosed from any premises? \_\_\_\_\_ if yes, explain \_\_\_\_\_

Make of car(s) \_\_\_\_\_ Year(s) \_\_\_\_\_ Fully Paid Yes \_\_\_\_\_ No \_\_\_\_\_  
License Plate Number \_\_\_\_\_ Color \_\_\_\_\_  
If not fully paid-making payments to \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Banking:

Bank Name	Checking	Savings
Bank Name	Checking	Savings

Personal References (other than relatives or employers)

1.	Phone #
2.	Phone #
3.	Phone #

Nearest relative (other than husband or wife) to reach in case of an emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**FALSE INFORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR REFUSAL OF THE APPLICATION OR TERMINATION OF TENANCY**

I understand this application guarantees no right to an apartment until such time as this application is accepted.  
 I will deposit \_\_\_\_\_ dollars as a deposit to hold the apartment until the prearranged date.  
 If for any reason management decides to decline my application, management will refund this deposit in full within 45 days from date of notification. If this application is approved and I fail to occupy the premises on the agreed date, management has the option to assess damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize all persons or entities listed herein above to release information in their possession known to them concerning me. A copy of this application shall serve as the authority for the release of any of said information. I further authorize VeriRent Inc, its employees and agents to make such inquiries as may be necessary for action and determination upon this application.

Date	Applicant
Home Phone	
Work Phone	Applicant
Cell Phone	

**Westwood Apartments**  
798 Douglas Drive  
Evansville, IN 47712