



APPLICATION TO RENT

Each individual occupant who is responsible for rent payments **MUST** complete a separate application form.

10037 Western Row, P.O. Box 128
Dillsboro, IN 47018
Phone: 812-432-3230 Fax: 812-432-5086
www.seiqpm.com

PERSONAL INFORMATION

| | | | | | | | |
|------------------------|--------------------------|------------|---------------|---------------|--------------------|---------------------|--|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | SOCIAL SECURITY NO. | |
| DATE OF BIRTH | DRIVER'S LICENSE NO. | | STATE | EMAIL ADDRESS | | PRIMARY PHONE NO. | |
| 1 PRESENT HOME ADDRESS | | | CITY | STATE | ZIP CODE | | |
| LENGTH OF TIME | STATE REASON FOR LEAVING | | LANDLORD NAME | | LANDLORD PHONE NO. | | |
| 2 PRIOR HOME ADDRESS | | | CITY | STATE | ZIP CODE | | |
| LENGTH OF TIME | STATE REASON FOR LEAVING | | LANDLORD NAME | | LANDLORD PHONE NO. | | |
| 3 PRIOR HOME ADDRESS | | | CITY | STATE | ZIP CODE | | |
| LENGTH OF TIME | STATE REASON FOR LEAVING | | LANDLORD NAME | | LANDLORD PHONE NO. | | |

PROPOSED OCCUPANTS

| | | | |
|-------------------------------------------------|--------------|------------------------------------------------------|---------------------|
| 1 FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NO. |
| 2 FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NO. |
| 3 FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NO. |
| 4 FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NO. |
| 5 FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NO. |
| WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE | | WILL YOU HAVE ANY LIQUID FURNITURE? IF YES, DESCRIBE | |

EMPLOYMENT/FINANCIAL INFORMATION

| | |
|-----------------------------|-------------------------|
| Present Occupation | Employer Name |
| How long with this Employer | Phone No. |
| Employer Address | Name of your Supervisor |
| Prior Occupation | Employer Name |
| How long with this Employer | Phone No. |
| Employer Address | Name of your Supervisor |

| | | |
|-------------------|-------------------|-------------|
| Name of your Bank | Branch or Address | Account No. |
|-------------------|-------------------|-------------|

| | | |
|----------------------|---------|----------|
| Current Gross Income | __ Week | __ Year |
| \$ | PER | __ Month |

Please list ALL of your Financial Obligations
Name of Creditor

(if more creditors use additional sheet of paper)
Account No.

Phone No.

Monthly Payment

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

EMERGENCY/PERSONAL REFERENCE INFORMATION

| IN CASE OF EMERGENCY, NOTIFY: | ADDRESS | PHONE | RELATIONSHIP |
|-------------------------------|---------|-------|--------------|
| 1. | | | |
| 2. | | | |

MOTHER'S MAIDEN NAME:

| PERSONAL REFERENCES - Non Related | ADDRESS | PHONE | RELATIONSHIP |
|-----------------------------------|---------|-------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

VEHICLE INFORMATION — (PLEASE STATE EXACT NUMBER OF MOTOR VEHICLES THAT WILL BE AT THE PREMISES)

| | | | |
|------------------------------|-------|------|-------------------|
| VEHICLE MAKE | MODEL | YEAR | LICENSE PLATE NO. |
| VEHICLE MAKE | MODEL | YEAR | LICENSE PLATE NO. |
| VEHICLE MAKE | MODEL | YEAR | LICENSE PLATE NO. |
| MOTORCYCLES (OTHER VEHICLES) | MODEL | YEAR | |

| | |
|---------------------------------------------------------------|--------------------------------------------|
| Have you ever filed for bankruptcy? | If yes, date bankruptcy filed and explain: |
| Have you ever been evicted or asked to move? | If yes, please explain: |
| Have you ever been convicted of a felony? | If yes, please explain: |
| Are you or anyone in the household a registered sex offender? | If yes, who and what state? |

APPLICANT AUTHORIZATION

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Sign: _____ Date: _____

Print: _____

Application Declarations and Authorization

(To accompany the rental application)

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this "Declarations and Authorization")

| | | |
|-----------------------------|----------------------------------|--------------------------------|
| <hr/> Applicant Name | <hr/> Applicant Signature | <hr/> / <hr/> Date/Time |
| <hr/> Applicant Name | <hr/> Applicant Signature | <hr/> / <hr/> Date/Time |
| <hr/> Applicant Name | <hr/> Applicant Signature | <hr/> / <hr/> Date/Time |
| <hr/> Applicant Name | <hr/> Applicant Signature | <hr/> / <hr/> Date/Time |