



Application to Rent
Each individual occupant who is 18 or older MUST
complete a separate application form.

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

APPLICATION CHECKLIST

- 1. Application Fee of \$30 must be paid before processing will begin**
- 2. Any one 18 years of age or older must complete an application**
- 3. Application must be completed by the applicant**
- 4. Copy of 1 months pay must be provided**
 - a. Paystubs**
 - b. Social Security**
 - c. Disability**
 - d. Etc**

To be Completed by Office Personal Only:

Applicant Name: _____

Date Received: _____

Property Applying for: _____

Application Fee Received: _____

Proof of Income received:

- _____ **Employer Paystubs**
- _____ **SSI/Disability**
- _____ **Pension/SS/Retirement**
- _____ **HUD/Assistance**
- _____ **Child Support/Alimony**
- _____ **Other**

Copy of DL: _____

Copy of SS#: _____

Background/Credit check complete: _____

Current/Previous Landlord called: _____

References Called: _____



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PERSONAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	
Date of Birth	ID / Driver's License Number	ID State	Email Address	Primary Phone Number
Address		City	State	Zip Code

PROPOSED OCCUPANTS

1.Full Name	Relationship	Date of Birth
2.Full Name	Relationship	Date of Birth
3.Full Name	Relationship	Date of Birth
4.Full Name	Relationship	Date of Birth
5.Full Name	Relationship	Date of Birth
Will you have any pets? If yes please describe,		

CURRENT & PRIOR RESIDENCES

1.Current Address	City	State	Zip Code
Time Lived There	Reason for Leaving	Landlords Name	Landlords Phone Number
2.Prior Address	City	State	Zip Code
Time Lived There	Reason for Leaving	Landlords Name	Landlords Phone Number
3.Prior Address	City	State	Zip Code
Time Lived There	Reason for Leaving	Landlords Name	Landlords Phone Number

EMPLOYMENT

Current Occupation	Employers Name
How long you been with this Employer	Supervisors Name Phone Number
Prior Occupation	Employer Name
How long were you with this Employer	Supervisors Name Phone Number



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FINANCIAL INFORMATION

Financial Obligations/ Name of Creditor	Account Number	Phone Number	Monthly Payment
1.			
2.			
3.			
4.			

Income

Income	Weekly	Bi-weekly	Monthly
1.			
2.			

Background Information

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:

Vehicle Information – (Please list all vehicle that you will have on the premises)

Vehicle Make	Model	Year	License Plate Number
Vehicle Make	Model	Year	License Plate Number
Vehicle Make	Model	Year	License Plate Number
Motorcycles (other vehicles)	Model	Year	License Plate Number

Application 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: _____



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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 documents, this document will be controlling.

Applicant Name

Applicant Signature

Date/Time