



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

Name of your Bank	Branch or Address	Account No.
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Current Gross Income	__ Week	__ Year
\$	PER	__ Month

Please list ALL of your Financial Obligations

(if more creditors use additional sheet of paper)

Name of Creditor	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