

LEASE APPLICATION

Property Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Current Address \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ SS# \_\_\_\_\_  
Drivers License # \_\_\_\_\_ DOB \_\_\_\_\_

Home Address) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home City: \_\_\_\_\_ State: \_\_\_\_\_

Current Rent \$ \_\_\_\_\_ How Long? \_\_\_\_\_  
Current Landlord \_\_\_\_\_  
Why are you moving? \_\_\_\_\_

Current Employer: \_\_\_\_\_ How long? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Time Employed: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ **Please attach current pay stubs!**

Legal names of all who will occupy this house (Name, relationship, age)  
\_\_\_\_\_  
\_\_\_\_\_

Please list three credit/personal reference (Name, Address, Phone) (Please mark previous landlords)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Name, Address, Telephone Number of nearest relative not living with you:  
\_\_\_\_\_

Do you have any pets? ( ) Yes ( ) No  
Do you own a waterbed? ( ) Yes ( ) No  
Do you smoke? ( ) Yes ( ) No

Have you had an account with the following utility companies?  
Electric ( ) Yes ( ) No Gas ( ) Yes ( ) No  
Telephone ( ) Yes ( ) No

Have you ever been evicted? ( ) Yes ( ) No  
Do you have any judgments against you? ( ) Yes ( ) No

I, the undersigned authorize John Hendricks to check all the information given on this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return or Mail application to John Hendricks  
109 E Washington St Hartford City, IN 47348 Cell 765-348-6413 Bree 765-499-9533