

THE 400 APARTMENTS
818 W. RIVERSIDE AVE.
MUNCIE IN 47303
PHONE/FAX #765-288-6819 EMAIL:THE400APTS@YAHOO.CO
Visit us @ www.400apartments.com

Size _____ L ___ M ___ T ___
Sp. _____ Target Move In Date _____
SD pd _____ Current Lease Expires _____

Personal Information

Full name _____ Marital Status _____
Home Phone# _____ Cell Phone# _____ Date of Birth _____
Email address _____
Soc. Sec.# _____ Drivers License# _____ State on License _____
Present Address _____ City _____ State _____ Zip _____
How long at this address _____ Landlords Name _____ Phone# _____
Why are you leaving _____
Previous Address _____ City _____ State _____ Zip _____
How long at this address _____ Landlords Name _____ Phone# _____
Have you ever broken a lease or been evicted from any type of housing? _____
If yes explain _____
Are you in a lease with another landlord at this time? _____

Employer _____ Position _____ Length of employment _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Gross Income _____ Per _____

Former Employer _____ Position _____ Length of employment _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Gross Income _____ Per _____

***If you are not employed how will your rent be paid?** _____

Please fill in the amount you receive per month in the blank that applies to you

Trust Fund _____ Welfare _____ Disability _____ Soc. Sec. _____
AFDC _____ Child Support _____ Section 8 _____ Other _____

CREDIT REFERENCES: Bank _____ City _____ State _____
Phone # _____ Checking Acct.# _____ Loan Acct. # _____

EMERGENCY INFORMATION: in case of emergency we may contact (list two other people other than spouse)

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____
Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

PLEASE LIST ALL OTHER PERSONS WHO WILL BE LIVING AT THE ADDRESS (INCLUDING CHILDREN)

NAME	AGE	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any Pet? _____ Type _____ Breed _____ Indoor/Outdoor _____
Do you have renters insurance? _____
How many automobiles will be kept at this address? _____ Rent a carport _____ \$20/mo
Make _____ Model _____ Color _____ Year _____ Plate # _____
Make _____ Model _____ Color _____ Year _____ Plate # _____

APPLICANT: _____ **APPLICANT:** _____
DATE: _____ **DATE:** _____