

Pine Grove Apartments

10 Pine Grove Court, Bluffton, IN. 46714

Phone: (260) 565-4241 Fax: (260) 565-3909

RENTAL HOUSING APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

NAME OF CO-APPLICANT: (if applicable – additional application must be completed) \_\_\_\_\_

\_\_\_\_ NEW APPLICATION      \_\_\_\_ HOUSEHOLD ADDITION      \_\_\_\_ TRANSFER

(Please Print)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

A) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

B) Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

C) Marital Status: Divorced / Widowed / Married / Single (Never Married) / Separated

D) Driver's License # and State: \_\_\_\_\_

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Table with 6 columns: Full Name, Relationship to Head of Household, Birth Date, Social Security Number, Employed, Student. Includes a row for the Head of Household and several empty rows for other household members.

RENTAL HISTORY -- Last Two Years

Use Additional sheet if necessary

D) Present Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

E) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

F) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

### GENERAL QUESTIONS

- 1)    yes    no    Have you or any household member ever been convicted of a felony?
- 2)    yes    no    Have you ever been evicted? Reason: \_\_\_\_\_
- 3)    yes    no    Have you or any household member been arrested/convicted of a drug related crime?
- 4)    yes    no    Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?  
If yes, explain \_\_\_\_\_
- 5)    yes    no    Will the Household be receiving Section 8 housing assistance?  
(If yes list agency name, contact person and phone number.)  
  
\_\_\_\_\_
- 6)    yes    no    Are there any absent household members who under normal conditions would live with you?
- 7)    yes    no    Does an adult of this household have primary physical custody of every child listed on this application?
- 8)    yes    no    Does your household have or anticipate having any pets other than those used as a service animal?
- 9)    yes    no    Does anyone in your household have special needs?  
If yes explain? \_\_\_\_\_

### CREDIT REFERENCES

Loans: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Other: \_\_\_\_\_

### CHARACTER REFERENCES

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT NUMBER**

In case of emergency, notify: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

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

Co-head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

