

RENTAL APPLICATION

Stallard & Associates, Inc, 2425 N. Meridian Street, Suite C, Indianapolis, IN 46208

Phone: 317-931-6030

Fax: 317-931-6031

Email: info@stallardonline.com

Website: www.stallardonline.com

Last Name First Middle Phone Number

SSN Marital Status DOB Email Address

Others to Occupy _____
Name Age Relationship SSN

Name Age Relationship SSN

Name Age Relationship SSN

Pets: _____
Type/Description Age Name Weight

Vehicles: _____
Color Make Model Year License #

Color Make Model Year License #

In Case of emergency Contact: _____
Name Phone Number Relationship to Applicant

How did you hear about us? (please circle one)

Stallardapartments.com Apartments.com Google Other internet (please specify) _____
Craigslist Star NUVO Other newspaper _____
Resident referral (name) _____ Previous Resident Other referral _____
Drive-By IUPUI U. of Indianapolis Other (please specify) _____

Employer _____
Address Phone Number

Employment Start Date Net Monthly Position Supervisor
Additional Income: _____
Amount Source

Resident History (Beginning with present, list last 3 residences, If less than 5 years, list additional)

Address #1 (present) City State Zip Code

Dates of Occupancy Rent Landlord Name/Phone Reason for Leaving

Address #2 (previous) City State Zip Code

Dates of Occupancy Rent Landlord Name/Phone Reason for Leaving

Address #3 (previous) City State Zip Code

Dates of Occupancy Rent Landlord Name/Phone Reason for Leaving

Have you ever broken a lease or been evicted? _____ If so, explain _____

Have you ever been convicted of a felony? _____ If so, explain _____

Applicant agrees any information provided on this Rental Application that is found to be false subsequent to the offer and execution of a Lease Agreement - shall in and of itself be sufficient grounds to terminate lease. Any decision to terminate the lease and initiate eviction proceedings shall be at the discretion of the Landlord.

Applicant _____ requires _____ does not require a reasonable accommodation? If so, the specific request should be made on a separate "Reasonable Accommodation Request Form" and submitted to management. Final decisions shall be made by executive management only.
Executive management has _____ approved _____ denied the request as proposed. If initially denied, applicant(s) may request (and will be granted) a scheduled meeting with an executive management member to discuss whether a reasonable accommodation can be achieved.

Applicant understands if this application is approved and a lease is executed, notices shall be provided to Applicant/Tenant by email only as part of a program by Stallard & Associates to "Go Green" and become more environmentally friendly. Please be sure we have your email address to allow delivery of any notice.

Tenant agrees to contact the utility companies for individually metered utilities and transfer said utilities into Tenant's name immediately upon the approval of the Rental Application and determination of a move-in date. Tenant authorizes Landlord to contact the utility companies and have utilities transferred into Tenant's name or have utilities immediately disconnected in Landlord's name if this has not been done at the time this Lease Agreement is signed.

I understand that if this application is not approved, or is approved with special conditions, I am entitled to receive an "Adverse Action" letter that outlines important information regarding my legal rights on the information contained in your consumer file. A copy of any such "Adverse Action" letter is available for you at the office where you submitted the application. If it is easier for you, upon request the "Adverse Action" letter can be mailed to you.

For an apartment to be held, a holding fee must be paid with this application. Please note without placing the holding fee pricing and availability may change. Landlord has five business days to check references. If application is not approved, your full holding fee will be refunded. The application fee is not considered part of the holding fee and will not be refunded. In the event I am advised in person, by telephone or email that this application is approved a written acceptance from applicant must be provided to reserve the apartment. If I choose not to enter into a lease agreement after an apartment has been reserved for me, I will be assessed liquidated damages of \$30.00 per day from the date of approval to the date of refusal. The date of refusal must be provided in writing. These liquidated damages, to which will be added any attorney's fee, costs and expenses incurred by Landlord in the recovery of same, will be due and payable upon demand.

It is my/our understanding that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises. I authorize the owner or its agent's full investigative privileges of my credit, criminal, employment and residential history, and authorize the release of any requested information.

Applicant's Signature: _____ Date: _____

Leasing Agent: _____ Date: _____

*****Office Use Only*****

Date applied: _____ Building: _____ Unit: _____ Lease Term: _____

Monthly Rent: \$ _____ Deposit: \$ _____ Move-in date: _____

Unit Type: (check one) ___ Studio ___ 1 bdrm ___ 2 bdrm ___ 3 bdrm

Application Fee	Security Deposit	Rent	Other
Amount \$ _____	Amount \$ _____	Amount \$ _____	Amount \$ _____
FOP _____	FOP _____	FOP _____	FOP _____
Date _____	Date _____	Date _____	Date _____