

CARMEL HILLS APTS. Rental Application

11595 N. Meridian Street, Suite 705

Carmel, IN 46032

(317) 241-1111/carmelhillsapartments@spcmfg.com

Thank you for your interest in our apartments. Please complete all requested information on this form

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____

E-Mail address _____

Date of birth _____ Marital status _____

| Other Residents | Relationship | Date of Birth |
|-----------------|--------------|---------------|
| | | |
| | | |
| | | |
| | | |

Have you ever been convicted of a felony? Yes _____ No _____

RESIDENT'S HISTORY

PRESENT ADDRESS _____

_____ City _____ State _____ ZIP Code _____

Present telephone _____ Length of time at present address _____

Present landlord _____ Phone # _____

Amount of rent \$ _____ Reason for moving _____

PREVIOUS ADDRESS _____

Length of time at previous address _____

Previous landlord _____ Phone # _____

Amount of rent \$ _____ Reason for moving _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ How Long? _____

Employer's address _____ Telephone _____

Position held _____ Income _____

CO-RESIDENT'S EMPLOYER _____ How long? _____

Employer's address _____ Telephone _____

Position held _____ Income _____

In case of personal emergency notify: _____ Relationship _____

Telephone _____

APPLICANT SIGNATURE _____

Social Security # _____

CO-APPLICANT SIGNATURE _____

Social Security # _____

DATE SIGNED _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references necessary to complete this application