

APPLICATION FOR OCCUPANCY					
Berkshire Square Apartments 11415 Knollridge Lane Indianapolis, IN 46229 317-891-1100 317-891-1133 fax			Interested in Suite: _____ Proposed Rent: _____		
				Application Fee: \$35.00	
				Security Deposit:	
1. PERSONAL (Please print)					
Applicant		Daytime Phone		Date of Birth	
Social Security #		Driver's License #			
Co-Applicant's Name		Daytime Phone		Date of Birth	
Co-Applicant's SSN		Co-Applicant's Driver's License #			
Current Address		City		State and Zip Code	
Previous Address		City, State zip			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced					
2. EMPLOYMENT (Last 2 years)					
Present Employer			Work Phone #		
Address		City		State	Zip
Dates employed?	Monthly Income	Position		Supervisor	
Previous Employer			Phone #		
Address		City		State	Zip
Dates employed?	Monthly Income	Position		Supervisor	
OTHER INCOME					
Please Specify					
4. OCCUPANTS					
Total Number of Occupants: _____					
Name		Relationship:		Birth Date:	
Name		Relationship:		Birth Date:	
Name		Relationship:		Birth Date:	
Name:		Relationship		Birth Date:	
Name:		Relationship:		Birth Date:	
5. REFERENCES					
Relative		Relation		Non-Relative: Relation	
Address		Phone #		Address Phone #	
Emergency Contact					
Emergency Contact #:					
PETS. Yes NO If Yes, specify type, number, and size.					
Has any signer ever been sued for bills?		Yes	No	Has any signer been sued for eviction? Yes No	
Has any signer ever filed bankruptcy?		Yes	No	Has any signer been guilty of a felony? Yes No	
Has any signer ever broke a lease?		Yes	No	His the total move-in amount available now? Yes No	
Name in which utilities are in?					

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors, and or any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR PHOTOCOPY OF THIS FORMAT ANY TIME.

Applicant _____

Date _____

APPLICATION FOR OCCUPANCY

5. TRANSPORTATION		
A Make of Auto		Year
License Tag #	Expiration	Color
County		State
B Make of Auto		Year
License Tag #	Expiration	Color
County		State
List all recreation vehicles (boat, motorcycle, etc.)		
6. OTHER OCCUPANTS		
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Total # of persons occupying this apartment:		
Referred by		
IN CASE OF EMERGENCY NOTIFY (other than another occupant)		
Address		Phone#
Relationship to you		

For office use only:

Apartment Shown	Date
Rental Rate Quoted	
Application received by	Date
Leasing Consultant	Date
General Manager	Date
Approved <input type="checkbox"/>	Declined <input type="checkbox"/>
Manager's Notes	

VERIFICATIONS (For office use only)
CREDIT REPORT
_____ # Positive
_____ # Negative
_____ # Public Records
_____ Criminal Record
Other info:
RENTAL REFERENCE
_____ See Attached Fax
_____ Spoke to:
Results:
Other Info:
EMPLOYMENT VERIFICATION
_____ Pay Stub Attached
_____ Spoke to:
Results:
Other Info:

APPLICATION FOR OCCUPANCY

Have you ever been convicted of or plead guilty or "no contest" to a felony whether or not resulting in a conviction? YES ___ NO ___

Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor involving sexual misconduct, whether or not resulting in a conviction? YES ___ NO ___

Applicant has submitted the sum of \$ 25.00 which is nonrefundable payment for a credit check and processing charge. Such sum is not considered part of rental payment or security deposit. In the event the application is denied by Management or cancelled by applicant, this sum will be retained by management to cover the cost of processing this application. I certify that information given herein is true, complete and correct. I/we authorize management to verify all information on my rental application, including consumer credit reporting agency, public records, current and previous rental property owners and managers, employers and personal references.

I hereby deposit \$100.00 with Management as a good faith deposit in connection with this rental application. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit. I have the right to cancel this application within 72 hours of making application and will receive a full refund of my good faith deposit. If I cancel this application after 72 hours of making application and fail to execute Management's usual rental agreement, I understand that I forfeit the total good faith deposit to Management. I further understand that signing this application does not constitute an obligation on the part of Management to provide an apartment until the lease agreement is signed by both parties. I, the undersigned, hereby acknowledge that I have read, fully understand and agree to the above terms and conditions.

By signing this application, I declare that all of my responses are true and complete and I authorize Management to verify this information. Any false statements made on this application can lead to rejection of my application or immediate termination of my lease.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Management Representative _____

Date _____

Reasons

- Unfavorable Credit Report
- Unfavorable Report from Previous Landlord
- Incorrect Information
- Number of Occupants
- Public Eviction Record
- Public Criminal Record
- Information received from third party other than credit reporting agency
- Insufficient information contained on credit report
- Unable to verify/document income
- Other _____

Monies Delivered with this Application

Deposit \$ _____ Ck# _____
 Non-refundable
 App Fee \$ _____ Ck# _____
 Other \$ _____ Ck# _____

TOTAL RECEIVED _____

GENERAL RELEASE FORM

I hereby authorize Lakeshore Management or any qualified agent of Lakeshore Management bearing this document, or a copy thereof, to obtain information from all present or former employee, school, police department, financial institution, motor vehicle department, credit agency or person having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I hereby release those individuals or companies from any liability or damage in providing such information. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby further release any individual of Lakeshore Management from any and all liability for damages or whatever kind of nature which may accrue to me on account of reliance by such persons on the information obtained, and termination of my employment based on information obtained after commencement of my employment.

Date: _____

Print Full Name (First, Middle Last) _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

State Where Driver's License Issued: _____

List Other Names Used in the Last Seven Years: _____

Any address outside of IN in past 5 years:

County: _____

Signature: _____

CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete entire form.
(All adults must complete a separate form.)

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Full Address: _____
(Street, Apartment Number) (City, State, Zip Code)

Have you ever been convicted of a crime? _____ If yes, when, where, and nature of the offense: _____

Are there any felony charges or warrants pending against you? _____

By signing this application, the undersigned hereby authorizes _____
_____ to investigate and confirm the information stated by the person signing this form.

The undersigned understands and agrees that said investigation may included, but is not limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

Applicant's Signature

Date



BERKSHIRE SQUARE APARTMENTS

RENTAL HISTORY VERIFICATION

Resident Name: _____

Address: _____

Landlord Name: _____

Person Verifying Residency: _____

Proper Notice Given: Yes _____ No _____

Late Payments: Yes _____ No _____

If so, how often: _____

Disorderly: Yes _____ No _____

If so, how many violations: _____

Given the opportunity, would they re-rent to this resident?:

Yes _____ No _____

Comments:

Rental History Verified by:

Lakeshore Representative Title

Date

EMPLOYMENT VERIFICATION

Resident Name: _____

Address: _____

Copy of Pay Stub Attached: Yes _____ No _____

Employer Name: _____

Supervisor: _____

Income Matches or Exceeds Rental Criteria: Yes _____ No _____

Comments:

Employment Verification Completed by: _____
Leasing Agent

Date

BERKSHIRE SQUARE APARTMENTS

EMPLOYMENT VERIFICATION REQUEST

Date: _____

Toll Free (216) 221-8282

Employer: _____

Employer #: _____

We are performing a background investigation on the person listed below and request your assistance in confirming the following record of employment. At your convenience and to expedite the process you may call the toll free number to respond to this request. Thank you.

Requested From: Berkshire Square Apartments

Name:

SS#:

AKA:

DOB:

ON RECORD

Has this person ever been in your employe? _____

Yes No

If No, could this person have been a temporary or contract employe? _____

Yes No

If Yes, please provide the name of the temporary agency/contract company. _____

Date of Employment: _____

Yes No

If No, or not listed, please list correct employment dates _____

Yes No

Title: _____

Yes No

If No, or not listed, please list correct title _____

Please list earnings as hourly rate of pay or annual salary. _____

Please indicate bonuses and commissions if they apply. _____

Reason for leaving: _____

Yes No

If No, or not listed, please enter _____

() Voluntary () Discharge () Laid Off () Other _____

Is this person eligible for rehire based on job performance? _____

Yes No

If No, please explain: _____

Overall, would you consider this person's job performance () Below Average, () Average, ()

Above Average, () Outstanding

Please comment on job performance and list applicant's strengths and weaknesses: _____

If you have any questions regarding this form or need additional information, please contact us.

Verified by: _____ Title: _____ Phone # _____

BERKSHIRE SQUARE APARTMENTS

VERIFICATION OF RENTAL HISTORY

Date: _____

To: _____

Residents Info: _____

Resident's signature for release of information: _____

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a resident at your property.

As indicated by the signature above, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

1. How long has/did the above resident(s) reside at this address? _____
2. How many bedrooms? _____
3. What is/was the monthly rental rate? _____
4. Has the resident ever been behind in monthly rent? _____
If yes, how many times? _____ Was legal action taken? _____
5. Does/did the resident get along with neighbors in the community? _____
6. Is/was the resident destructive to the apartment or property? _____
7. Does/did the resident maintain desirable living conditions? _____
8. The residents overall conduct while residing on the property would be best described as: _____ excellent _____ good _____ fair _____ poor
9. If this resident moved and re-applied for housing from you in the future, would you rent to him/her again? _____

Additional Comments: _____

Signature of person completing form

Title