

David, Douglas & Paul Strout TENANT APPLICATION

2001 W Enterprise Ave, Muncie IN 47304-5800

Office 765-744-1400 or Cell 765-729-9321

STROUTHOLDINGSLLC@GMAIL.COM

Rental Address: _____

Lease From: _____ to _____

Please complete all sections of application in order to be considered.

Applicant name: _____

Phone No _____ Cell _____

Email address: _____

Present address: _____

From: _____ to _____

Landlords name: _____

Rent payment now : _____ Landlords Phone No. _____

Reason for leaving: _____

Past Landlord name:: _____

Past address: _____

From: _____ to: _____

Past rent payment _____ Landlord Phone No _____

Reason for leaving _____

Place of employment: _____

From _____ to _____ Supervisors name _____

Phone no _____

Job description _____

Weekly income: _____ Monthly income: _____

Amount of child support received _____ amount paid _____

Spouse's name _____

Place of employment _____

from _____ to _____ Job description _____

Weekly income : _____ Monthly income _____

Supervisor's name _____ Phone _____

Amount of child support received n _____ amount paid _____

Persons wishing to live at address, relationship and income information::

_____ weekly income _____

_____ weekly income _____

_____ weekly income _____

_____ weekly income _____

BSU students date of birth _____ Grade level _____

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Parents name: _____ Phone No. _____

Parents address: _____ City _____

State _____ Zip code _____

Bank _____ Address _____

Active checking account _____ Active savings account _____

Dollar amount of monthly payments other than rent, utilities and food. such as auto loans, credit cards etc.

1 _____

2 _____

3 _____

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Have you or your spouse or any other occupant listed ever

A: been evicted or asked to move out? _____

B: broken lease agreement or lease contract? _____

C: declared bankruptcy? _____

Have you or your spouse or any other occupant listed ever

A: sued for non-payment of rent? _____

B: been sued for damages to rental property? _____

C: been convicted of a felony? _____

If rent is to be paid by someone other than you, please list below. This person may be required to co-sign lease.

Name: _____ Address: _____

City : _____ State: _____

Place of employment: _____ from _____ to _____

Employer address: _____

Credit reference: 1 _____

2 _____

3 _____

Will you or other occupants have a pet? _____

Kind, breed, weight and age _____

House-broken? _____ Kennel trained _____

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I _____ give **Charl L Clune** or her agents, permission to check my credit, criminal, employment and rental history.

To the best of my knowledge, the above information is accurate.

SSN: _____ -- _____ -- _____ Date of Birth _____

Driver's license # _____ & State of Issue _____

Signature: _____ Date: _____

Spouse's SSN: _____ -- _____ -- _____ Date of Birth _____

Spouse's Driver's license # _____ & State of Issue _____

Spouses Signature: _____ Date: _____

A \$25.00 Application fee will be charged for application and if tenant is approved, it will be deducted from Damage Deposit at time of lease signing.

In case of emergency notify another person not living with you.

Name _____

Relationship _____

Street adress _____ City _____

State _____ Zip code _____ Home phone _____

Work phone _____

In case of serious illness or death may the above listed person yes__ no__ enter, remove and or store all contents found in the dwelling, common areas and mail box.

Fraudulent information on above application can result in termination of Lease.