

American Holdings TENANT APPLICATION

2001 W Enterprise Ave Muncie IN 47304

Office 765-808-0033 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 _____

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BSU students date of birth _____ Grade level _____
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 _____

.

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 American Holdings LL or their 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 credited to your Damage Deposit at
time of lease signing.**

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

Name _____

Relationship _____

Street address _____ 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.**

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