

DEERFIELD COMMONS APARTMENTS

1725 WINDEMERE COURT LAFAYETTE, IN 47905

Telephone 765-448-9933 / Fax 765-448-9915

RENTAL HOUSING APPLICATION

Applicant Name:		
Co-Applicant Name (if applicable-additional application required):		
<input type="checkbox"/> New Application	<input type="checkbox"/> Household Addition	<input type="checkbox"/> Transfer

Date:	Time:	Phone:
Name:		
Address:		
<small>(Street)</small>	<small>(City)</small>	<small>(State) (Zip)</small>
Marital Status:	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Married	<input type="checkbox"/> Single (Never Married)
		<input type="checkbox"/> Separated
Driver's License Number:		State License Issued:

Household Information (list all persons that will be occupying the unit)					
Name <small>First, Middle Initial, Last</small>	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N

Rental History (Last three years)					
Current Landlord:			Phone:		
Landlord Address:		City:	State:	Zip:	
Date Occupied:	From:	To:	Related? Y / N	How?	
Current Landlord:			Phone:		
Landlord Address:		City:	State:	Zip:	
Date Occupied:	From:	To:	Related? Y / N	How?	



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Rental History (continued)					
Current Landlord:			Phone:		
Landlord Address:		City:		State:	Zip:
Date Occupied:	From:	To:	Related? Y / N	How?	
Current Landlord:			Phone:		
Landlord Address:		City:		State:	Zip:
Date Occupied:	From:	To:	Related? Y / N	How?	

General Questions		
YES	NO	
<input type="radio"/>	<input type="radio"/>	1. Have you or any household member ever been convicted of a felony or misdemeanor which would disqualify in accordance with the resident selection criteria?
<input type="radio"/>	<input type="radio"/>	2. Have you ever been evicted? If yes, reason:
<input type="radio"/>	<input type="radio"/>	3. Have you or any household member been arrested/convicted of a drug related crime?
<input type="radio"/>	<input type="radio"/>	4. Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
		Name & Relationship: _____
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	5. Will the Household be receiving Section 8 housing assistance? (If yes list agency name, contact person and phone number.)
		Agency Name: _____
		Contact Person & Phone #: _____
<input type="radio"/>	<input type="radio"/>	6. Are there any absent household members who under normal conditions would live with you? If yes, please explain below.
<input type="radio"/>	<input type="radio"/>	7. Does an adult of this household have primary physical custody of every child listed on this application? If yes, please explain below.
<input type="radio"/>	<input type="radio"/>	8. Does your household have or anticipate having any pets other than those used as a service animal? If yes, please explain below.

Character References (List a personal reference other than a relative)

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____



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Vehicle Information (Please list vehicles separately)

Unauthorized vehicles may be towed at the owner's expense.

Owner #1: _____

Make (i.e. Ford): _____ **Model (i.e. Mustang):** _____

License #: _____ **State:** _____ **Color:** _____

Owner: #2: _____

Make (i.e. Ford): _____ **Model (i.e. Mustang):** _____

License #: _____ **State:** _____ **Color:** _____

Emergency Contact Number (In case of emergency, please notify)

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes the Owner to conduct a search of my Credit & Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after twenty-four (24) hours, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Head Signature: _____ **Date:** _____

Co-head Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Agent's Signature: _____ **Date:** _____



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