

HOME TEAM Properties, LLC

689 W. Morgan St.

Spencer, IN 47460

Phone: (812) 821-0290

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RESIDENT APPLICATION

(Each prospective resident must fill out a separate application)

PROPERTY ADDRESS: _____ TODAY'S DATE: _____

NOTE: This application is subject to the approval by the owner and/or the owner's agent who reserves the right to decline to rent to the applicant or to refuse possession of the premises until a formal rental agreement has been executed between the lessor and lessee, the security deposit received, and all co-signers provided.

PLEASE PRINT

PERSONAL INFORMATION: SOCIAL SECURITY NO. _____

NAME: _____ BIRTHDATE: _____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT PHONE: (Home) (____) _____ (Cell or other) (____) _____

CURRENT OR PREVIOUS LANDLORD:

(Name of apts. or dorm) (Address) (Phone)

EMPLOYER INFORMATION:

ARE YOU EMPLOYED FULL-TIME? _____ YES _____ NO (if no, you must provide co-signer information below)

EMPLOYER
NAME: _____
(Address) (City) (State) (Zip)

NAME OF IMMEDIATE SUPERVISOR: _____ PHONE: (____) _____

NET MONTHLY INCOME: _____

CO-SIGNER INFORMATION: (for applicants who are NOT employed full-time)

NAME: _____ ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (____) _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ RELATION TO: _____

ADDRESS: _____ PHONE: (____) _____
(Street) (City) (State) (Zip)

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Craigslist _____ Newspaper _____ Friends _____ Other _____ (please specify)

TWO PIECES OF I.D.

DRIVER'S LICENSE: _____
(Number) (State) (Expiration date)

STUDENT I.D. _____ OTHER: _____

(Over)

PERSONAL REFERENCES: *(at least 2, please)*

NAME: _____ RELATION: _____ PHONE: (____) _____
NAME: _____ RELATION: _____ PHONE: (____) _____
NAME: _____ RELATION: _____ PHONE: (____) _____

MISCELLANEOUS:

YOUR EMAIL ADDRESS: _____

IF YOUR APPLICATION IS APPROVED, WHAT IS YOUR ANTICIPATED MOVE-IN DATE? _____
(Month) (Day)

CAN YOU BE FLEXIBLE REGARDING YOUR MOVE-IN DATE? _____ YES _____ NO

IF YES, SPECIFY RANGE OF POSSIBLE MOVE-IN DATES _____
(For example: I can move anytime from August 1st to August 12th)

FORWARDING INFORMATION:

PERMANENT ADDRESS: _____
(Street) (City) (State) (Zip)

PERMANENT PHONE: (____) _____

I certify that all the information provided on this application is honest and accurate to the best of my knowledge. In addition, I give permission to HOME TEAM properties LLC, to perform the necessary reference checks on my employer current/past residences, etc.

(Signature)

This Space for Office Use Only: