



RENTAL APPLICATION

Property Located at: _____

How to Return:

1. Fill out completely
2. Sign and date
3. Include the following with your application (we can copy for you)
 - copy of your ID
 - copy of ID of all adult occupants (if any)
 - copy of any and all income sources such as:
 - i. 4 most recent consecutive paycheck stubs
 - ii. Incomes print out of such as government, SSI, disability, food stamps, child support, etc.

****all income MUST be verifiable***
 - **\$35 Money Order** application fee per person (no cash accepted)
 - If you have Section 8 submit your payment standard form
4. Return application and documents to 1431 Portage Ave
 - They can be dropped off in the dropbox on the side of the building

NOTES:

1. Application fee is non-refundable.

****Your application will not be processed until this is paid.***
2. If your application is not complete it will delay the processing time and we will not be able to determine your eligibility until complete.
3. Renters Insurance is a required before your lease can be signed.
4. Your application will be automatically denied if you have one of the following:
 - an eviction within the past 2 years
 - a criminal conviction of drug distribution
 - a balance owed with your current landlord
 - if any information is found to be untrue or falsely represented

****This page MUST be returned along with the rest of the application and documentation.***



Applicant Information						
Name:			Other names:			
Date of birth:		SSN:		Phone:		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Since _____ <input type="checkbox"/> Divorced since _____			Driver License #:		State:	
Current Address:				City:		
State:	Zip Code:	Email:		How did you hear about us?:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		Are you up to date? <input type="checkbox"/> Y <input type="checkbox"/> N		How long?	
Landlord:		Landlord Phone:		Landlord Fax:		
Reason for leaving:						
Previous Address						
Previous Home Address:				City/State/Zip:		
Landlord:		Landlord Phone:		How Long?		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		Were you up to date? <input type="checkbox"/> Y <input type="checkbox"/> N			
Reason for leaving:						
Employment Information						
Current employer:				How Long?		
Employer address:						
Phone:		E-mail:			Fax:	
City:		State:		Zip:		
Position:		Hourly: \$	Salary: \$	Annual: \$		
Emergency Contact						
Name of person not living with you:						
Address:						
City:		State:		Zip:		
Relationship:		Telephone:				
Applicant Vehicle Information						
Year:	Make:	Model:	Color:	Plate #:	State:	
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	Monthly Payment: \$		Lien Holder:			
Year:	Make:	Model:	Color:	Plate #:	State:	
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	Monthly Payment: \$		Lien Holder:			
Applicant Income						
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Applicant Financial Information						
Credit Card Company	Creditors Phone:		Monthly Payment:		Balance Owed:	
Credit Card Company:	Creditors Phone:		Monthly Payment:		Balance Owed:	
Child Support/Wage Garnishment:	Creditors Phone:		Monthly Payment:		Balance Owed:	
Personal Bank:	Account Number:		Monthly Payment:		Balance	



Co-Applicant Information						
Name:		Other names:				
Date of birth:		SSN:		Phone:		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Since _____ <input type="checkbox"/> Divorced Since _____			Driver License #:		State:	
Current Address:				City:		
State:		Zip Code:		Email:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly payment or rent:		Are you up to date? <input type="checkbox"/> Y <input type="checkbox"/> N		
Landlord:		Landlord Phone:		Landlord Fax:		
Reason for leaving:						
Co-Applicant Previous Address						
Previous Home Address:				City/State/Zip:		
Landlord:		Landlord Phone:		How Long?		
<input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly payment or rent:		Were you up to date? <input type="checkbox"/> Y <input type="checkbox"/> N		
Reason for leaving:						
Co-Applicant Employment Information						
Current employer:				How Long?		
Employer address:						
Phone:		E-mail:		Fax:		
City:		State:		Zip:		
Position:		Hourly: \$ Salary: \$		Annual: \$		
Co-Applicant Emergency Contact						
Name of person not living with you:						
Address:						
City		State:		Zip:		
Relationship:		Telephone:				
Co-Applicant Vehicle Information						
Year:		Make:	Model:	Color:	Plate #:	State:
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase		Monthly Payment: \$		Lien Holder:		
Year:		Make:	Model:	Color:	Plate #:	State:
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase		Monthly Payment: \$		Lien Holder:		
Co-Applicant Income						
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Amount:\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Source:		Proof of Income: <input type="checkbox"/> Y <input type="checkbox"/> N
Co-Applicant Financial Information						
Credit Card Company		Creditors Phone:		Monthly Payment:	Balance Owed:	
Credit Card Company:		Creditors Phone:		Monthly Payment:	Balance Owed:	
Child Support/ Wage Garnishment:		Creditors Phone:		Monthly Payment:	Balance Owed:	
Personal Bank:		Account Number:		Monthly Payment:	Balance	



Proposed Occupants			
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:
Name:	Relationship:	Occupation:	Age:

Proposed Pets				
Name:	Type:	Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:
Name:	Type:	Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:
Name:	Type:	Breed:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age:

Applicant Questionnaire	
Have you ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Sherriff ever locked you out of a property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been brought to court by a Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)	Have you ever moved owing rent or left a property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)	Do you have the total money for move in available now? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how much do you have? \$ _____ When can you pay the rest? _____
Have you been evicted within last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been charged with Drug Distribution within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

References		
Name:	City/State/ Zip:	Phone:
Name:	City/State/ Zip:	Phone:
Name:	City/State/Zip:	Phone:

Applicant(s) authorize Val's Property Management, LLC (VPM) to contact present and past landlords, employers, creditors, credit bureaus, the county, the state, run civil and criminal background checks and any other sources deemed necessary to investigate applicant(s). All information is true, accurate and complete to the best of my knowledge. VPM reserves the right to disqualify applicant(s) if information is not as represented on this form. All funds paid to VPM are non-refundable including application fees, holding fees and rent.

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

Applicant Signature	Date :
Co-Applicant Signature	Date :



VERIFICATION OF RENTAL HISTORY

Current Landlord: _____ Phone/Email _____

We are requesting verification of rental history for the individual(s) named below who state they are a present or former tenant. Please complete the information and either email to: office@vpmpr.com or fax to (574) 218-6690.

I hereby authorize you to release my information regarding my tenancy to the inquiring landlord.
TENANT SIGNATURE _____ DATE _____

Owner of Property/Unit _____

Rental history of _____

Date moved in _____ Moved out _____ Monthly rent \$ _____

Was rent paid on time? _____ Number of times late? _____

What was included in the rent? _____

Number of persons residing there? _____ Did they follow the rules? _____

Complaints by others? Please explain. _____

Care of rental unit: _____

Any damage? _____

Overall rating as a tenant, rate them 1-5. 5 being the highest ranking: _____ Pets? _____

Please explain. _____

Would you rent to them again? _____

Did they give you notice to move? _____ If former tenant, did you return security deposit? _____

If not, why? _____

(print) Verified BY: _____ Title _____

Signature: _____ Phone: _____ email _____