

B. W. PARKS PROPERTY MANAGEMENT
1123 MAIN STREET, SUITE E, LAFAYETTE, IN 47901
765-423-2231, FAX 765-742-2125



A non-refundable Application Fee of \$30 is required at the time of the application or before processing takes place. The application fee must be paid by exact cash, money order or certified check.

To speed your application process, please supply us with the following:

- All names, addresses and contact information of your current landlord.
- If receiving Social Security Disability or Social Security Payments, a copy of your award letter from the Social Security Administration.
- Copies of your most recent bank statements.
- Copies of your 4 most recent pay stubs for all adults in household.

Dear Prospective Tenant(s):

Applicants for rental housing are approved upon third party verifications that demonstrate the following:

- ___ Standards for affordability. (HUD states a family should not exceed one third of their monthly income for housing needs)
- ___ Applicant(s) has a minimum of three years favorable housing references.
- ___ Applicant(s) has favorable personal references
- ___ Applicant(s) has resided in Tippecanoe County for at least the last twelve (12) months (most properties).
- ___ Applicant(s) has been employed for at least the last twelve (12) months at the same location (most properties).

Applications are denied for the following:

- ___ Recent evictions, within the last three years
- ___ Criminal history
- ___ Unsatisfactory housing references
- ___ Unsatisfactory personal references
- ___ Ineligibility based on inadequate income or exceeding HOME guidelines
- ___ Falsified documentation or incomplete application
- ___ Ownership of unacceptable canine breeds

B.W. Parks Property Management manages rental housing under different state and federal programs. These programs require our rental staff to verify such information as, but not limited to, student status, material status and asset income.

Please inquire with our rental staff if you have any questions about the application, selection process or income guidelines.

Thank you,

B.W. Parks Property Management

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Application Fee: _____

Paid: _____

THE UNDERSIGNED IS APPLYING FOR A RENTAL UNIT WITH B.W. PARKS PROPERTY MANAGEMENT

Location Applied For: _____ **Date** _____

Date you want to move in? _____ :

Full Name: _____ **Date of Birth:** _____

Social Security Number: _____ **Marital Status:** _____

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

Employer: _____ **Work Phone:** _____

Occupation: _____ **Length of employment:** _____

Drivers License # & State Issued by: _____ **Gross Monthly Income: \$** _____

Email address: _____

RENTAL REFERENCES (3 MOST CURRENT)

Reference #1 Address: _____ Monthly Rent: \$ _____

Current Address Landlord Name: _____ Phone #: _____

Length of time at address: _____ Dates: _____

Reference #2 Address: _____ Monthly Rent: \$ _____

Previous Address Landlord Name: _____ Phone #: _____

Length of time at address: _____ Dates: _____

Reference #3 Address: _____ Monthly Rent: \$ _____

Previous Address Landlord Name: _____ Phone #: _____

Length of time at address: _____ Dates: _____

CREDIT REFERENCES (bank accounts, credit cards, loans, etc.)

Bank #1 Name of Institution: _____

Phone #: _____

Type of Reference: _____

Bank #2 Name of Institution: _____

Phone #: _____

Type of Reference: _____

Have you ever filed a petition for bankruptcy? No Yes, explain: _____

Do you have any pets? No Yes, explain: _____

Have you rented with us before? No Yes, address and date: _____

Have you ever been evicted? No Yes, explain: _____

Have you ever willfully and intentionally refused to pay rent when due? No Yes, address and date: _____

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OCCUPANTS - LIST ALL PERSONS TO OCCUPY APARTMENT (IF THERE ARE MORE OCCUPANTS PLEASE LIST THEM ON A SEPARATE SHEET OF PAPER)

Occupant Name: _____
Relationship to applicant: _____ Date of Birth: _____
Social Security Number: _____ Drivers License #: _____

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Relationship to applicant: _____ Date of Birth: _____
Social Security Number: _____ Drivers License #: _____

EMERGENCY CONTACT INFORMATION (PERSONS NOT LIVING WITH YOU)

1st Contact Name: _____
Parent/Guardian or Address: _____
Nearest Relative Relationship: _____ Phone: _____

2nd Contact Name: _____
Parent/Guardian or Address: _____
Nearest Relative Relationship: _____ Phone: _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION:

It is my understanding that this application is preliminary only and involves no obligation of the owner or its agent to approve this application or to deliver occupancy of the proposed premises. If this application is accepted by the owner or its agent, the \$ _____ deposit tendered herewith will be applied to the lease agreement. If Lessor approves application, and the applicant is notified, then the applicant has the right to withdraw this application at the time of notification. If the applicant accepts the proposed premises when notified, then later rejects occupancy, Lessor retains the right to keep the deposit as liquidated damages. I hereby certify that the above information is correct and authorize the management to make a thorough credit investigation, including information as to character, reputation, and financial responsibility. *I understand that in signing this application, any misrepresentation or omission of fact is cause for rejection of my application or termination or any lease agreement should my application be accepted. I further agree that the Lessor or its agent shall not be liable in any respect, if my application or lease is cancelled or terminated by reason of the falsity of any statements, answers, or omissions made by me on this application.* Possession shall be subject to vacation of the premises by the prior tenant, if any.

Signature of Applicant: _____ Date: _____

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LANDLORD REFERENCE CHECK VERIFICATION

To: _____ Date: _____ Address: _____

APPLICANT/RESIDENT: _____

TEL#: _____
FROM: _____
TEL#: _____ FAX#: _____

I authorize B.W. Parks Property Management, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions below.

Signature Applicant

Social Security Number

TO BE COMPLETED BY LANDLORD

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on rent, how late and often? _____
Any NSF? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of a disturbance? _____ Date _____
Comments _____
6. Were there problems with the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know?

8. Did the resident violate the lease agreement in any way? _____
Comments _____
9. Did resident give proper notice for vacating? _____
Reason for leaving? _____
10. Is resident eligible for re-rental? _____
11. Housekeeping Skills? _____

Signature and Title of Person Verifying Information

Date and Telephone Number

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RESIDENT RELEASE AND CONSENT

To: _____ Date: _____ Address: _____

APPLICANT/RESIDENT: _____

TEL#: _____

FROM: _____
TEL#: _____ FAX#: _____

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **B.W. Parks Property Management** for the purposes of verifying information and my/our apartment, house or duplex rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested, but are not limited to: personal identity, student status, employment, income, assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|------------------------------------|--------------------------------|--------------------------------|
| Past & Present Employers | Welfare Agencies | Veterans Administrations |
| Past & Present Landlords | State Unemployment Agencies | Retirement Systems |
| Support & Alimony Providers | Social Security Administration | Banks & Financial Institutions |
| Credit & Background Check Agencies | | Educational Institutions |
| Medical & Child Care Providers | | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used to the purposes stated above. The original of this authorization is on file and will stay in effect for 6 months from the date signed. I/We understand I/We have the right to review this file and correct any information that is incorrect.

SIGNATURES

_____ APPLICANT	_____ Social Security Number	_____ Date
_____ APPLICANT	_____ Social Security Number	_____ Date
_____ APPLICANT	_____ Social Security Number	_____ Date