

Westside Homes, LLC

P.O. Box 533020
Indianapolis, IN 46253
317-320-3218
317-271-2321 Fax

Property Address:		Projected Move-in Date if Accepted:			
Name 1:		SSN:		D.O.B:	
Present Address:					
Home Phone:	Work Phone:	Cell Phone:	Email:		
Current Rent: \$/_____/month	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	# Years	Was Notice Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving?	
Current Employment:			Years in Field:		
Employer, Address:		Length of Employment:	Pay:	Minimum # Hours:	OT Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owe Child Support or alimony: <input type="checkbox"/> Yes, \$_____/month <input type="checkbox"/> No			Receive Child Support or Alimony: <input type="checkbox"/> Yes, \$_____/month <input type="checkbox"/> No		
Have you been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Have you filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Name 2:		SSN:		D.O.B:	
Present Address:					
Home Phone:	Work Phone:	Cell Phone:	Email:		
Current Rent: \$/_____/month	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	# Years	Was Notice Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving?	
Current Employment:			Years in Field:		
Employer, Address:		Length of Employment:	Pay:	Minimum # Hours:	OT Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owe Child Support or alimony: <input type="checkbox"/> Yes, \$_____/month <input type="checkbox"/> No			Receive Child Support or Alimony: <input type="checkbox"/> Yes, \$_____/month <input type="checkbox"/> No		
Have you been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Have you filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:				
Emergency Contact:			Address		
Home Phone:	Work Phone:	Cell Phone:	Email:		
Any deposit or option consideration given in connection with the property listed above will be non-refundable. The information on this application form is strictly confidential and will be kept so by the management. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups, organizations, or references listed to obtain and verify any information or materials which is deemed necessary to complete my application and/or an annual basis to evaluate for renewal consideration or to assist in contacting me should it become necessary to locate me relevant to matters involved in this tenancy. I do hereby state the statements given above are correct under Penalty of Perjury. I further agree that Lessor may terminate any lease if any false statements have been made.					
Signature:		Signature:		Date:	