



401 Applewood • Evansville, Indiana 47712 • 812.423.3900 • FunkeDevelopment LLC

How did you hear about us? Newspaper / Phonebook / Personal Recommendation / Sign / Other? _____

Application for Orchardgate Rental

Date _____

Apartment Type _____

This application and its contents will become part of your lease. Information provided shall be kept in strict confidence.

Applicant's Last Name _____ First _____ MI _____

Birth Date _____ SSN _____

Applicant's Address _____ Rent / Own How Long? _____
Street, City, State, Zip

Previous Address _____ Rent / Own How Long? _____
Street, City, State, Zip

Monthly Rental or Mortgage Payments \$ _____ Marital Status: _____

Home Phone _____ Cell Phone _____ Business Phone _____

Co-Applicant's Last Name _____ First _____ MI _____

Birth Date _____ SSN _____

Co-Applicant's Address _____ Rent / Own How Long? _____
Street, City, State, Zip

Previous Address _____ Rent / Own How Long? _____
Street, City, State, Zip

Monthly Rental or Mortgage Payments \$ _____ Marital Status: _____

Home Phone _____ Cell Phone _____ Business Phone _____

Others who will occupy the dwelling

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Employment Status

(Attach additional statement if more than two wage earners)

1. Applicant

Business Name _____ Position Occupied _____ Supervisor _____

Business Address _____ Contact Phone _____

Number of Years in Present Employment _____ Salary _____ Pay Period _____

2. Applicant

Business Name _____ Position Occupied _____ Supervisor _____

Business Address _____ Contact Phone _____

Number of Years in Present Employment _____ Salary _____ Pay Period _____

Number of automobiles owned/used by all occupants _____

1. Make _____ Model _____ Year _____ Color _____

2. Make _____ Model _____ Year _____ Color _____

Bank References

Credit Card References

Bank Name _____	Credit Name 1. _____
Type of Accounts 1. _____	Credit Name 2. _____
2. _____	

Non-Family Character References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Person to notify in case of emergency: _____

Relationship _____ Phone _____

Address _____ City/State/Zip _____

TERMS AND CONDITIONS OF APPLICATION

Applicant acquires no right to an apartment until lease has been signed and accepted by the Landlord.

Terms of lease shall be stated in the lease. First rental shall be by the date of possession and shall cover rental payable in advance for the remainder of such month. Thereafter, all rentals shall be due and payable on the **first** of the month.

Applicant is required to submit a Security Deposit as it states in the lease. The Security Deposit, is security and not a rental payment, final or otherwise, for the full and faithful performance of all terms and conditions of the lease which sum shall be returned to tenant at the satisfactory termination of the lease. Landlord may apply such sum or a part thereof to any cleaning costs, damages, losses or injuries otherwise due. If tenant terminates occupancy prior to the lease term as stated in the Lease Agreement, tenant agrees that the Security Deposit will be forfeited, and a lease non-fulfillment charge will be assessed.

Application represents that the statements made above are true and correct and hereby authorizes verification of references. It is understood by the Applicant that this application is preliminary only and involves no obligation of the Landlord to approve this application or to deliver occupancy of the apartment.

By signing this application agreement, **YOU** give permission to Landlord to check on any and all information furnished.

GUIDELINES FOR APPLICATION APPROVAL

- Complete and signed application for each person over the age of 18
- Credit report must not show any collections**
- Any bankruptcy must be over two years old with perfect credit since the bankruptcy was filed
- Income before taxes must be four times the amount of rent. EX: If rent is \$300.00, income should be \$1,200.00/mo
- Applicants should be 18 or older, employed full time, or if student, parent will need to co-sign
- Satisfactory rental reference will be needed from the current and/or previous landlord

**Medical collections will be overlooked only if all other credit is satisfactory and all other qualifications are met.

Applicant's Name: _____ Signature: _____ Date: _____

Co-applicant's Name: _____ Signature: _____ Date: _____

CLICK HERE To Send your application to OrchardGate Apartment's Rental Office. Remember to click **Save AS** and RENAME your application before you send it. You should consider saving the document using your first and last name.