

Thank you for applying to Turtle Creek Apartments of Kokomo! To process your application we will need a \$20.00 application fee per applicant. Once the application is completed you can mail or fax it to us at:

Turtle Creek Apartments of Kokomo

2241 West Jefferson Street
Kokomo, IN 46901

Phone: (765) 452-5357

Fax: (765) 452-5365



RENTAL APPLICATION

There is a non-refundable application fee due at the time of application.

UNIT _____
MOVE-IN DATE _____

NOTE: ANYONE 18 YEARS AND OLDER, OTHER THAN DEPENDENT CHILDREN, MUST COMPLETE A SEPARATE APPLICATION.

APPLICANT NAME _____ DATE ____/____/____
 SOCIAL SECURITY NUMBER _____ TELEPHONE (____) _____ BIRTH DATE ____/____/____
 CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CURRENT LANDLORD _____ TELEPHONE (____) _____
 REASON FOR LEAVING _____ MONTHLY RENT \$ _____ MOVE-IN DATE _____
 If less than 3 years, please complete below:
 PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PREVIOUS LANDLORD _____ TELEPHONE (____) _____
 REASON FOR LEAVING _____ MONTHLY RENT \$ _____ MOVE-IN DATE _____

EMPLOYER _____ POSITION _____ TELEPHONE (____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 GROSS INCOME per month: \$ _____ DATE OF HIRE _____ SUPERVISOR _____
 OTHER INCOME \$ _____ SOURCE OF INCOME _____
 INTEREST/DIVIDEND INCOME \$ _____ NET BUSINESS INCOME \$ _____
 If less than 3 years, please complete below:
 FORMER EMPLOYER _____ POSITION _____ TELEPHONE (____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 GROSS INCOME per month: \$ _____ DATE OF HIRE _____ SUPERVISOR _____

PLEASE LIST ALL CURRENT FINANCIAL OBLIGATIONS:

TYPE	LENDER	MONTHLY PAYMENT	BALANCE OWING
AUTO LOAN	_____	\$ _____	\$ _____
CREDIT CARD(S)	_____	\$ _____	\$ _____
CHILD SUPPORT	_____	\$ _____	\$ _____
OTHER LOANS	_____	\$ _____	\$ _____
	NAME OF BANK	ACCOUNT NUMBER	BALANCE
CHECKING	_____	_____	\$ _____
SAVINGS	_____	_____	\$ _____

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ RELATIONSHIP _____
 COMPLETE ADDRESS _____ TELEPHONE (____) _____

VECHILES:	YEAR	MAKE/MODEL	COLOR	LICENSE PLATE #
AUTOMOBILE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

LIST ALL PERSONS TO OCCUPY APARTMENT:

NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY #
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____
_____	_____	____/____/____	____-____-____

PETS: YES NO (please check)

TYPE	BREED	AGE	WEIGHT	NAME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of, or pleaded guilty or "no contest" to a felony? YES NO (please check)

If yes, please explain: _____

Have you ever been convicted of, or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct? YES NO (please check)

If yes, please explain: _____

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, any deposit tendered herewith will be applied to the Lease Agreement. I further agree that should my place of employment or banking service change during the time of my residency, I will notify owner or its agent of such change.

IT IS FURTHER UNDERSTOOD that if this application is approved by the owner or its agent and the applicant is notified, then the applicant has the right to withdraw his application at the time of notification. If the applicant accepts the proposed premises when notified, then later rejects occupancy, the owner or its agent retains the right to keep the deposit as liquidated damages.

I HEREBY CERTIFY that the above information is correct and authorize the owner or its agent to make a through 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 of any lease agreement should my application be accepted. I further agree that the owner or its agent shall not be liable in any respect, if my application or lease is canceled or terminated by reason of the falsity of any statements, answers, or omissions made by me on this application.

Possessions shall be subject to vacation of the premises by the prior resident, if any.

SIGNATURE OF APPLICANT: _____ DATE: _____