

CLOVER VILLAGE APARTMENTS RENTAL APPLICATION

Please return to: 1710 Turtle Creek Drive South Bend, IN 46637 • (574) 272-8124 • Fax (574) 272-8204

A FORTY DOLLAR (\$40) NON-REFUNDABLE APPLICATION FEE IS REQUIRED

Personal Information:

Property: Clover Village _____ # OF BR: _____ Rent: _____
Date: _____ Desired Date of Occupancy: _____
Name: _____ SSN: _____ DOB: _____
Home Phone :(_____) Work Phone :(_____)
Number of Roommates: _____ Pets? _____
Name of Roommates: _____ Email Address: _____

Marital Status: Married Divorced Single Maiden Name: _____
In Case of Emergency, Notify: _____ Phone :(_____)

Are You a Full or Part Time Student? Yes No Co-Signer required for all students.
How did you hear about **Clover Village Apartments**? _____ If referred by friend, name of person _____

Driver's License Number _____ Make/Model/Color: _____ Year: _____ Tag #/State: _____

Residence History- Provide two year history:

1) Present Address: _____ Move In/Out Dates: _____
Landlord: _____ Landlord Phone: _____
2) Previous Address: _____ Move In/Out Dates: _____
Landlord: _____ Landlord Phone: _____

Employment/Bank References-Provide two year history:

1) Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: _____ Gross Monthly Income: _____
2) Employer: _____ Phone: _____
Address: _____ Position: _____
Dates Employed: _____ Gross Monthly Income: _____
3) Bank/Branch: _____ Phone: _____
Type of Account: Checking Savings Both How Long? _____
4) Other Income: _____ Amount: _____

Have You Ever...

Been evicted from tenancy? Yes _____ No _____ Been convicted of a felony? Yes _____ No _____

The above information, to the best of my knowledge, is true and correct. I hereby authorize you to process this application for the purpose of obtaining a Lease Agreement with this property. Additionally, I authorize all corporations, companies, and law enforcement agencies, academic institutions and employers to release information they may have about me and release the landlord, leasing agent, their officers, employees, and agents, and any person so furnishing information, from any and all liability of every nature and kind arising out of the investigation or the furnishing or inspection of such documents, records, and other information. A photographic or faxed copy of this authorization shall be as valid as the original.

Applicant Signature: _____ Date: _____

Approved _____ Not Approved _____ Approved w/ Co-Signer _____
By: _____ Date: _____ Apt# Assigned _____
