

**Rental Application for Residents
Return to Forbick Enterprises, LLC
P.O. Box 6026
Lafayette, IN 47903
Office Location: 10 N 7th Street
(765) 714-4321
(Fax) (765) 742-0304
dsorenson@schprop.com**

Applicant #1

Full Name _____ Home Phone # _____

Date of Birth _____ Social Security # _____

Email Address _____

Current Street Address _____

City _____ State _____ Zip _____

Landlord _____ Monthly Rent _____

Date Moved In _____ Landlord Phone # _____

Previous Address (If less than 2 years) _____

City _____ State _____ Zip _____

Current Employer _____ City/State/Zip _____

Length of Employment _____ Work Phone # _____

Gross Income _____ Type of Work _____

Supervisor's Name _____ Supervisor's Phone # _____

Previous Employer (If less than 2 years) _____

City/State/Zip _____

Length of Employment _____ Type of Work _____

List all persons under 18 who will be occupying the premises

Name _____ D.O.B. _____ Male/ Female Relationship _____

Applicant #2

Full Name _____ Home Phone # _____

Date of Birth _____ Social Security # _____

Email Address _____

Current Street Address _____

City _____ State _____ Zip _____

Landlord _____ Monthly Rent _____

Date Moved In _____ Landlord's Phone # _____

Previous Address (if less than 2 years) _____

City _____ State _____ Zip _____

Current Employer _____ City/State/Zip _____

Length of Employment _____ Work Phone # _____

Gross Income _____ Type of Work _____

Supervisor's Name _____ Supervisor's Phone # _____

Previous Employer (if less than 2 years) _____

City/State/Zip _____

Length of Employment _____ Type of Work _____

Why are you leaving your current residence? _____

Has applicant #1 or #2 or any other occupants ever:

_____ (a) been evicted or asked to move out?

_____ (b) broke a rental agreement or lease?

_____ (c) Declared Bankruptcy?

_____ (d) been sued for nonpayment of rent?

_____ (e) been sued for damages to property?

_____ (f) been convicted of a felony?

If you have answered yes to any of the above please explain below:

Acknowledgement by person (s) signing. The undersigned person (s) represent that all of the above statements are true and complete and hereby authorize verification of such information via consumer reports, rental history reports, criminal history reports and other means. Such verifications and or investigations are undertaken solely for the benefit of the owner and create no right of or duty to resident or any occupants. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to reject this application and terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules and financial obligations. Owner and or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, resident, or any occupant or any guest for failure to do so.

Applicant's Signature

Applicant's Signature

Date

Date