

Thank you for applying to Braeburn Village Apartments! To process your application we will need a \$35.00 application fee per applicant, plus the first \$100 of your deposit. Once the application is completed you can mail or fax it to us at:

Braeburn Village Apartments
2170 Braeburn East Drive
Indianapolis, IN 46219

Phone: (317) 898-3588

Fax: (317) 898-3598



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: _____

BRAEBURN VILLAGE APARTMENTS
APPLICANT'S INCOME/ASSET CERTIFICATION WORKSHEET CHECKLIST

NOTE: ALL HOUSHOLD MEMBERS 18 YEARS OF AGE OR OLSEER ARE REQUIRED TO COMPLETE A SEPARATE APPLICANT CHECKLIST. ALL QUESTIONS MUST BE COMPLETED.

Name: _____ Telephone Number: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Please check YES or NO & indicate where you list an amount whether it is weekly, monthly or annually.

- | | | | |
|-----|--------------------------|--------------------------|---|
| | YES | NO | |
| 1) | <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. (List the types of jobs). _____ Amt. _____ |
| | YES | NO | |
| 2) | <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive wages, tips, or bonuses. (List the business or companies that pay you). _____ Amt. _____ |
| | YES | NO | |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me. _____ Amt. _____ |
| | YES | NO | |
| 4) | <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits. _____ Amt. _____ |
| | YES | NO | |
| 5) | <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits. _____ Amt. _____ |
| | YES | NO | |
| 6) | <input type="checkbox"/> | <input type="checkbox"/> | I receive GI Bill benefits. _____ Amt. _____ |
| | YES | NO | |
| 7) | <input type="checkbox"/> | <input type="checkbox"/> | I receive National Guard/Military Income. _____ Amt. _____ |
| | YES | NO | |
| 8) | <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. _____ Amt. _____ |
| | YES | NO | |
| 9) | <input type="checkbox"/> | <input type="checkbox"/> | I receive unearned income from family members age 17 or under (Example. Social Security.) _____ Amt. _____ |
| | YES | NO | |
| 10) | <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). _____ Amt. _____ |
| | YES | NO | |
| 11) | <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. _____ Amt. _____ |
| | YES | NO | |
| 12) | <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance. (Examples: Tanif, AFDC) _____ Amt. _____ |
| | YES | NO | |
| 13) | <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. _____ Amt. _____ |
| | YES | NO | |
| 14) | <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony. _____ Amt. _____ |
| | YES | NO | |
| 15) | <input type="checkbox"/> | <input type="checkbox"/> | I receive spousal maintenance. _____ Amt. _____ |
| | YES | NO | |
| 16) | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from trust, annuity, or inheritance. _____ Amt. _____ |
| | YES | NO | |
| 17) | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from insurance policies. _____ Amt. _____ |
| | YES | NO | |
| 18) | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from retirement funds or pensions. _____ Amt. _____ |
| | YES | NO | |
| 19) | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings. _____ Amt. _____ |
| | YES | NO | |
| 20) | <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental or real estate or personal property. _____ Amt. _____ |

ASSET INFORMATION – Head of Household must include assets of minors.

*CASH VALUE: Remaining balance after all cost incurred for converting the asset(s) to cash have been subtracted. (Examples: Broker’s fees, mortgage balances, and closing costs are subtracted from the sale price of real estate; penalties for early withdraws are subtracted from CD’s and IRA’s).

YES NO
 I own real estate. (Provide description) _____ Amt. _____

YES NO
 I have an IRA/Lump Sum Pension/Keogh Acct./401K.
 (Provide description) _____
 Cash Value _____

YES NO
 I own a mobile home. _____ Cash Value _____

YES NO
 I have whole life or universal life insurance policy(ies). _____ Cash Value _____

YES NO
 I have revocable trusts. _____ Cash Value _____

YES NO *Cash value Interest Acct.
 I have a checking acct.(s) Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have a savings acct.(s). Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have CD’s. Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____
 Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have Treasury Bills. Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have savings bonds. Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have annuity(ies). Bal. \$ _____ Rate _____ Bank _____ # _____

YES NO
 I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past two years. If yes, list items and date: _____

YES NO
 I have income or assets from sources other than those listed above. (List type below.)

*CAH VALUE: Remaining balance after all cost incurred for converting the asset(s) to cash have been subtracted. (Examples: Broker’s fees, mortgage balances, and closing costs are subtracted from the sale price of real estate; penalties for early withdraws are subtracted from CD’s and IRA’s).

I HERBY CERTIFY THAT THE INFORMAITON ABOVE IS TRUE, ACCURATE, AND COMPLETE. I further authorize you and direct and Federal, State, or local agency, or local agency, organization, business, or individual to release information to you and verify my application for residency based on a copy of this authorization. I agree that previous or current information regarding my household may be needed. Verification and inquires that may be requested, include, but are not limited to: identity and marital status, child support, alimony, employment, income and assets, credit and criminal custody. The authorization will stay in effect fro four years from the date signed.

I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN DENIAL OF APPLICATION OR TERMINATION OF LEASE.

PRINTED NAME OF APPLICANT _____ DATE: _____
 SINGNATURE OF APPLICANT _____ DATE: _____