

# APPLICATION PACKET

## CRITERIA:

Approvals depend on meeting our criteria and your cooperation.

ALL application information requested must be complete.

Only clean, responsible people, who are willing to pay their bills on time, need apply.

Any false information, omissions or hiding pertinent information during any stage of this application & selection process, you can be denied or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

## THE PROCESSING FEE:

\$20.00 PER APPLICATION / \$30.00 PER COUPLE

For compliance with the Federal Fair Housing Acts a separate application and a non-refundable processing fee is required for each person over the age of 18 who will reside at the property.

Your application will not be processed unless it is complete, signed and returned with the correct application fees.

Completed applications and both verification forms must be signed by **all** applicants.

A separate application is required for each applicant over the age of 18.

Please download as many application packets as you need.

They are available at [www.ApplyForTheHome.com](http://www.ApplyForTheHome.com)

## FOR EMPLOYMENT VERIFICATION AND LANDLORD REFERENCE:

You need to fill in only **PART ONE** of Employment Verification and Landlord Reference

Please print legibly and review for accuracy prior to submission.

PAY WITH CASH CASHIER CHECKS OR MONEY ORDER (NO PERSONAL CHECKS )

MAKE PAYABLE TO: INVESTATE

DELIVERY: Drop off or mail completed application(s) to:

[INVESTATE 6435 West Jefferson Blvd. #200 Fort Wayne, Indiana 46804-6203](http://INVESTATE 6435 West Jefferson Blvd. #200 Fort Wayne, Indiana 46804-6203)

Any questions call (260) 436-5000 extension 222 | Mon-Fri 9 am - 5:00 pm  
or contact us online at [FortWayneListings.com/contact](http://FortWayneListings.com/contact)

# APPLICATION

Anyone 18 or over who will live in the home must complete their own application.

Address you are applying for: \_\_\_\_\_ Date of desired occupancy: \_\_\_\_\_

How did you find out about us?  Sign  Newspaper  Friend  Other (please list): \_\_\_\_\_

Would you like to take advantage of our award-winning owner financing lease purchase program?  YES  NO Read about it here

How much of down payment can you raise? \_\_\_\_\_ Source of down payment:  Personal Funds  Gift/ Relatives  401k /IRA  Other

What monthly payment are you trying to work within for your house payment? \_\_\_\_\_

Full Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your primary email address so you can review the documents: \_\_\_\_\_

Present Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at this address: \_\_\_\_\_ Current Housing Payment: \$ \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Landlord/mgr's Phone: (\_\_\_\_\_) \_\_\_\_\_

Why are you leaving? \_\_\_\_\_

What do you like most: \_\_\_\_\_ What do you like least: \_\_\_\_\_

Previous Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at this address: \_\_\_\_\_ Housing Payment: \$ \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Landlord/mgr's Phone: (\_\_\_\_\_) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What recurring housing problems have you experienced previously: \_\_\_\_\_

Employer #1: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Hours per week? \_\_\_\_\_

Gross Monthly Income before deductions: \$ \_\_\_\_\_ If paycheck is being garnished list amount \$ \_\_\_\_\_ Why: \_\_\_\_\_

Second or Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Hours per week? \_\_\_\_\_

Gross Monthly Income before deductions: \$ \_\_\_\_\_

List other sources of verifiable income and amount (steady bonuses, government checks, alimony, child support, co-signer):  
\_\_\_\_\_

Please Print Legibly and continue to next page...



**CREDIT INFORMATION:** This can include store credit cards, rental appliances, car loans, personal loans, etc.

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct #(s) \_\_\_\_\_ Checking  Savings  Loan   
City \_\_\_\_\_ State \_\_\_\_\_ Approx. Balance \$ \_\_\_\_\_ How Long? \_\_\_\_\_

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES : NO

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES : NO

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES : NO

**LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW:** Do not list utilities or groceries.

Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

If you had financial difficulties in the future and couldn't pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address and phone for a reference for you: \_\_\_\_\_

Have you ever been evicted?  YES  NO      Have you ever had a repossession?  YES, Date \_\_\_\_\_  NO

Have you ever had a foreclosure?  YES, Date \_\_\_\_\_  NO

Do you have any unpaid student loans?  YES  NO If Yes, how much is the total? \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Have you ever filed for bankruptcy?  YES, Date \_\_\_\_\_ : Chapter 7 or 13 \_\_\_\_\_  NO

Has the bankruptcy been discharged?  YES; when \_\_\_\_\_  NO; how much is judgment payment \$ \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation?  YES  NO

If you answered YES to any of the above questions, explain: \_\_\_\_\_

Do you have a:  Vacuum cleaner;  Lawn mower;  Water bed;  Musical instruments.      Does anyone smoke?  Yes  No

List any learn the skills and tools you own:  Plumbing  Carpentry  Painting  Electrical  Carpentry  Toolbox  Other:

Desired length of occupancy:  1 year  2 years  3+ years



**PERSONAL REFERENCES** - excluding parents, grandparents, siblings.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ other phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ other phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY** - In an emergency you may contact (List two, OTHER than spouse/roommate, nearest relatives first):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ other phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ other phone: (\_\_\_\_) \_\_\_\_\_

**OTHER OCCUPANTS** - List Name, age and relationship of OTHER proposed occupants besides you even if only temporary (including children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and breed of all pets you desire to have on the premise: \_\_\_\_\_

List all motor vehicles, including recreational vehicles, to be kept at the property including those of OTHER proposed occupants:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

List someone else who may want to buy, sell or rent a home: \_\_\_\_\_

With my signature I declare that the application is complete, true and correct and I give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended at the time of the application and at any time in the future, with regard to any agreement entered into with Management. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application. If any signature is faxed or digitally produced it shall have the same legal force and effect as an original ink signature.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Thank You.

PLEASE REVIEW FOR ACCURACY and then fill in **PART ONE of Employment Verification and Landlord Reference**

We do not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.



# EMPLOYMENT VERIFICATION

## PART 1 - For Applicant to Complete

TO EMPLOYER: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

ATTN: \_\_\_\_\_

FROM: \_\_\_\_\_

CONCERNING: Employment verification

I have filled out a residential housing application and I give permission for my employer to verify employment and answer the following questions listed herein,

Signature \_\_\_\_\_ Date \_\_\_\_\_

If required, Soc Sec# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PART 2 - For Employer to Complete

Dear Employer, because time is a factor in our approving this application, I would appreciate you completing this and faxing it back to me as soon as possible. **Our fax number is: (844) 200-FAXX**

If you **cannot** fax me, please call (260)436-5000 ext. 222 and verify the information, then mail this entire verification back to us (for our records) to: INVESTATE, 6435 W. Jefferson Blvd. #200 Fort Wayne, IN 46804

START DATE: \_\_\_\_\_ # OF HOURS WORKED PER WEEK: \_\_\_\_\_

PAY RECEIVED (LIST HOURLY/SALARY) \_\_\_\_\_

EMPLOYEE'S CURRENT OCCUPATION? \_\_\_\_\_

EMPLOYEE COVERED BY HEALTH INS? Yes No

IS POSITION PERMANENT? Yes No

IS POSITION STABLE? Yes No

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# LANDLORD REFERENCE

## PART 1 – for Applicant to Complete

I hereby authorize you to release any requested information in connection with my residency to Investate

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART 2 – for Housing Provider to Complete

Name of Landlord: \_\_\_\_\_ Landlord Phone # (\_\_\_\_\_) \_\_\_\_\_

Address Rented: \_\_\_\_\_

Date of residency: From \_\_\_\_\_ To \_\_\_\_\_ MONTHLY RENT: \$ \_\_\_\_\_

The above individual(s) applied for housing with us. Because time is a factor in approving this application, we request your assistance in completing this form as soon as possible. **Please fax to: (844) 200-FAXX**

If you **cannot** fax, please call (260) 436-5000 extension 222 to verify the information, then mail this entire verification to us for our records: INVESTATE 6435 West Jefferson Blvd. #200 Fort Wayne, Indiana 46804

If we can assist you in the future on any applicants, please call or fax and we will also respond promptly.

When does/did Lease Expire? \_\_\_\_\_

Did the tenant pay their rent on time? .....YES NO

Did Tenant damage property during Tenancy? .....YES NO

Does the resident have any outstanding rental or damage charge? ... YES NO  
If yes, how much? \$ \_\_\_\_\_

Has Eviction ever been filed? .....YES NO

Would you rent to Tenant again? .....YES NO

Information provided by: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank You!*