

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

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://www.investate.com)

Any questions call (260) 436-5000 extension 222 | Mon-Fri 9 am - 6:00 pm

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: \$ _____

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

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

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

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

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 & 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 ONE

TO EMPLOYER: _____ PHONE # (_____) _____

ATTN: _____

FROM: _____

CONCERNING: Employment verification

EMPLOYEE SS# _____ - _____ - _____ EMPLOYEE BIRTH DATE _____

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

Signature _____ Date _____

PART TWO-FOR EMPLOYER TO COMPLETE

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, with supervisor's signature and date filled out: **Our fax number is (260) 459-7778**

If you **cannot** fax me, please call (260)436-5000 ext. 222 and verify the information, then mail this entire letter 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? Y/N

IS POSITION PERMANENT? Y/N

IS POSITION STABLE? Y/N

Information provided by: _____

Name _____ Title _____

Signature _____ Date _____



LANDLORD REFERENCE

PART ONE – 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 TWO - 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 would appreciate you completing this form and fax it back to us as soon as possible. We respectfully request your assistance in completing this form and faxing it back to us as soon as possible. **Please Fax to: (260) 459-7778**

If you fax us, please call (260) 436-5000 extension 222 to verify the information, then mail this entire letter 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!