



RENTAL APPLICATION

Application Fee: \$30 (Non-refundable)

812-339-2115 (phone)

812-336-8671 (fax)

www.ParkerMgt.com

cs@parkermgt.com

Property Address: _____ Preferred Move In Date: _____

Personal Information:

First:	Middle:	Last:
Address:		
Date of Birth:	Phone #:	
Email:	Social Security #: _____ - _____ - _____	

Employment/Income History:

Primary Means of Paying Rent (circle one): Employment Savings Loans Parents				
Employer Name:				
Phone #:	Name of Supervisor:			
Gross Monthly Income:	Length of Time Employed:			

Rental History:

Name of Apartment Community:	
Name of Property Manager:	
Phone #:	Monthly Rent:
Date of Move In:	Expected Move Out Date:

Roommates:

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Vehicle Information:

Make:	Model:	Year:	License Plate #:
Make:	Model:	Year:	License Plate #:
Make:	Model:	Year:	License Plate #:
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Do You Have a Pet(s): ☐ Yes ☐ No

Kind:	Age*:	Breed:	Housebroken?
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*Pet MUST be a minimum of 2 years old and housebroken

How Did You Hear About Us?

Emergency Contact:

<input type="checkbox"/> Parkermgt.com <input type="checkbox"/> Herald Times <input type="checkbox"/> Zillow <input type="checkbox"/> Rent College Pads <input type="checkbox"/> Apartment Guide <input type="checkbox"/> Yard Sign <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	Name:
	Address:
	Phone:
	Email:
	In case of serious injury or death, the person above MAY or MAY NOT (circle one) enter my residence to remove and/or store all belongings.

Have you or any other person listed on this form ever:

Lease Guarantor:

Yes No <input type="checkbox"/> <input type="checkbox"/> Been evicted or asked to move out of a property? <input type="checkbox"/> <input type="checkbox"/> Broken a rental agreement or lease contract? <input type="checkbox"/> <input type="checkbox"/> Declared bankruptcy? <input type="checkbox"/> <input type="checkbox"/> Been sued for damages from a landlord? <input type="checkbox"/> <input type="checkbox"/> Been convicted of a felony? If yes, please explain: _____ _____ _____ _____ _____	*Please note that if primary source of rent is anything other than employment, you may be asked to have a Lease Guarantor prior to signing your lease (i.e., another individual who can formally pledge to pay another person's debt or to perform another person's obligation in the case of default). Name: _____ Phone: _____ Email: _____ Address: _____ _____ _____
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I, the undersigned applicant, certify that the answers I have given in this application are true and correct. I authorize and consent to the release of any information the landlord may need to obtain a credit report or any other report necessary to verify the accuracy of my application or to determine my eligibility. I understand that if any part of my application has been falsified, it shall be grounds for denial of residency, or future eviction if discovered after moving into a property. I understand that a home will continue to be offered for lease until I have paid a deposit to hold the home for my move in. I understand that my deposit is NOT refundable if I cancel my application or it is discovered that I falsified my application to hide information that could have caused my application to be denied.

Signature:

Date:





621 N. Walnut Street
P.O. Box 1112
Bloomington, IN 47402

LANDLORD VERIFICATION

812-339-2115 (phone)

812-336-8671 (fax)

www.Parkermgt.com

cs@parkermgt.com

Date: _____

To whom it may concern:

With this letter I, _____, authorize you to provide information regarding my tenancy at:

Property Address

Signature

Date

Landlord please complete the section below:

1. Proper notice given? Yes ☐ No ☐
2. Rent amount per month: \$ _____
3. Rent paid on time? Yes ☐ No ☐
If no, how many times late: _____ 1-30 days _____ 30+ days
4. Any NSF checks? Yes ☐ No ☐
If yes, how many? _____
5. Any problems or complaints? Yes ☐ No ☐
If yes, please explain: _____

6. Would you re-rent? Yes ☐ No ☐
If no, please explain: _____

Any other information that may be helpful: _____

Signature

Date





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P.O. Box 1112
Bloomington, IN 47402

EMPLOYMENT VERIFICATION

812-339-2115 (phone)

812-336-8671 (fax)

www.Parkermgt.com

cs@parkermgt.com

Date: _____

To whom it may concern:

With this letter I, _____, authorize you to provide information regarding my employment at:

Signature

Date

Employer please complete the section below:

1. Applicant is employed: Full Time ☐ Part Time ☐
2. Start date: _____
3. Job description: _____
4. Applicant reported to us that their monthly income is: \$ _____
Is this accurate to the best of your knowledge? Yes ☐ No ☐

Any other information that may be helpful: _____

Signature

Date

Title

