Application for Lease

Return application to 335 N. Bolles Street, Brownstown, IN or email to tormoehlenent@gmail.com. For questions, contact Tormoehlen Enterprises at 812.530.6249.

ALL INFORMATION MUST BE COMPLETED.

|  |
| --- |
| General Information |
| Date:  | Unit Address: |
| Applicant Information |
| Applicant Name:  |
| Date of birth: | SSN: | Phone: |
| Co-Applicant Name:  |
| Date of birth: | SSN: | Phone: |
| The following persons will occupy the unit other than applicant/s: |
| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |
| Present address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Present Landlord: | Present Landlord Phone: |
| If less than 6 months, previous address: |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |
| Previous Landlord: | Previous Landlord Phone: |
| Applicant Employment Information |
| Current employer: |
| Employer address: | Length of employment: |
| City, State, ZIP code: | Phone: | E-mail: |
| Position: | Salary/income: | Other sources of income (HUD, disability, other): |
| If less than 6 months, previous employer: | Previous employer phone: |
| Co-Applicant Employment Information |
| Current employer: |
| Employer address: | Length of employment: |
| City, State, ZIP code: | Phone: | E-mail: |
| Position: | Salary/income: | Other sources of income (HUD, disability, other):  |
| If less than 6 months, previous employer: | Previous employer phone: |
| Additional Information |
| Are you presently receiving rental assistance?  | Welfare: | Trustee: | Other: |
| Do you have any pets (include number)? | Cats: | Dogs: | Other: |
| Lease Agreement |
| The undersigned hereby makes application to rent and said applicant represents that all information contained herein is true and accurate and is presented as an inducement to the owner to approve this application and grant said lease. Any false statement or material omission shall render this application and any subsequent lease void. We give permission for the above information to be verified |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |