

CLEMMONS PROPERTIES LLC.

4946 S. ARLINGTON AVE. DUNKIRK, IN 47336

PHONE: (765)748-5066

FAX:(765)768-6760

WEBSITE: www.clemmonspropertiesllc.com

**** EMAIL APPLICATION TO: clemmonspropertiesllc@gmail.com ****

RENTAL APPLICATION

RENTAL ADDRESS: _____

1. RENT PER MONTH \$ _____ DAMAGE DEPOSIT:\$ _____

HOW MUCH WILL YOU HAVE? _____ BY WHEN? _____

2. WHAT DAY(S) ARE YOU AVAILABLE TO SEE THE PROPERTY? _____

3. THE DEPOSIT PAID TO HOLD THE PROPERTY IS **NON-REFUNDABLE** REGARDLESS OF CHANGING YOUR MIND FOR ANY REASON, OR IF YOUR INFORMATION IS FALSIFIED. THE DEPOSIT WILL BE USED AS THE NORMAL DAMAGE DEPOSIT WHEN YOU TAKE POSSESSION OF THE RENTAL PROPERTY. X _____ (INITIAL)

4. PET DEPOSIT DUE: _____ TOTAL DUE @ SIGNING OF LEASE:\$ _____

1. NAME: _____ DOB: _____ M/F: _____

A. PHONE#: _____ EMAIL: _____

CURRENT ADDRESS: _____

REASON FOR MOVING: _____

OF YEARS AT RESIDENCE: _____ CURRENT MONTHLY RENT: _____ LAST PAYMENT ON: _____

LANDLORD NAME: _____ LANDLORD PHONE #: _____

B. CURRENT EMPLOYERS/SSI/DISABILITY: _____

JOB TITLE: _____ START DATE: _____

MONTHLY INCOME AMOUNT: _____ FULL OR PART TIME (CIRCLE ONE) w-2 OR 1099 (CIRCLE ONE)

OF YEARS AT JOB: _____ **(IF NOT 12 MONTHS OR MORE (FULL TIME) MUST HAVE CO-SIGNER)**

EMPLOYER ADDRESS: _____ EMPLOYER PHONE: _____

C. # OF PEOPLE MOVING INTO RENTAL: _____ HOW MANY OVER AVE 18: _____ UNDER AGE 18: _____

D. # OF PETS: _____ TYPE OF PETS **: _____ REGISTERED SERVICE PET? _____
(PET DEPOSIT IS AN ADDITIONAL \$100 PER PET)

****The Following Full-Blooded Dog Breeds Are NOT Allowed:
Pit Bull, Chow, Doberman Pincher, and Rottweiler.**

E. DO YOU HAVE ANY JUDGMENTS? _____ IF SO, WHAT COUNTY? _____

F. HAVE YOU EVER BEEN OR CURRENTLY BEING EVICTED? _____ IF SO, WHAT YEAR? _____

G. DO YOU HAVE ANY CONVICTIONS? _____ IF SO, FOR WHAT? _____

H. HAVE YOU EVER FILED FOR BANKRUPTCY? _____ IF SO, WHAT YEAR? _____

SIGNATURE: _____ DATE: _____

TENANT PAYS: GAS/LP GAS, ELECTRIC, WATER, SEWAGE, TRASH, SALT FOR SOFTENER (CIRCLE ALL THAT APPLY)

***EACH PERSON OVER 18 ON THE LEASE IS REQUIRED TO COMPLETE AN APPLICATION. IF YOU HAVE LESS THAN 12 MONTHS ON A JOB AND REQUIRE A CO-SIGNER, PLEASE HAVE THE CO-SIGNER COMPLETE AN APPLICATION.**

***PERSONAL CHECKS WILL NOT BE ACCEPTED. PLEASE PAY DEPOSIT AND RENT WITH: MONEY ORDER, CASH, OR CASHIER CHECK.**

***APPLIANCES ARE NOT PROVIDED IN RENTALS. YOU MUST BE ABLE TO SUPPLY YOUR OWN.**

***IF YOU ARE A 1099 SUBCONTRACTOR YOU MUST SUPPLY: 4 WEEKS PAY STUBS TO SHOW 40 HR/WK AND 2 YEARS OF TAX RETURNS, OTHERWISE, YOU MUST HAVE A CO-SIGNER.**

***IF ANY INFORMATION ON THIS APPLICATION IS FALSIFIED, YOUR DEPOSIT WILL NOT BE RETURNED.**



TENANT RELEASE AND CONSENT FORM

I / We, _____ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Clemmons Properties LLC, (Owner or Agent) for purposes of verifying information on my / our apartment rental application.

INFORMATION COVERED

I / We understand that previous or current information regarding me / us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I / We understand that this authorization cannot be used to obtain any information about me / us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| | Medical and Child Care Providers | |

CONDITIONS

I / We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I / We understand I / We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Adult Household Member	(Print Name)	Date
_____	_____	_____
Adult Household Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, A REQUEST FOR COPY OF TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a (6) (7) and (8).