

APPLICATION FOR LEASE

The Residences of Merrillville Lakes

Bordered Area to be Completed by Management		Apartment # _____
Verification of age 55 or older required:		Rent Amount \$ _____
(Check one) _____ Driver License or _____ Birth Certificate	Cable/Fitness Center/Garbage/Internet	\$ <u>70.00</u>
D.O.B. _____		Pet Fee \$ _____
Lease Term _____ to _____		Garage Rent \$ _____
Direct Debit (Check One) _____ Yes _____ No		Security Dep. \$ _____
		Pet Deposit \$ _____
		Garage Dep. \$ _____

Name (Occ. 1) _____	Age _____	D.O.B. _____
Name (Occ. 2) _____	Age _____	D.O.B. _____
Present Address (Occ. 1) _____	City/State/Zip _____	
Phone (Occ. 1) (____) _____	How long at this address _____	Soc. Sec. # _____
Present Address (Occ. 2) _____	City/State/Zip _____	
Phone (Occ. 2) (____) _____	How long at this address _____	Soc. Sec. # _____
Present Employment (Occ. 1) _____	Phone (____) _____	
Employer Address (Occ. 1) _____		
Length of Employment (Occ. 1) _____	Position _____	Mo. Gross Income _____
Previous Employment (if above less than 2 years) (Occ. 1) _____		How long _____
Present Employment (Occ. 2) _____	Phone (____) _____	
Employer Address (Occ. 2) _____		
Length of Employment (Occ. 2) _____	Position _____	Mo. Gross Income _____
Previous Employment (if above less than 2 years) (Occ. 2) _____		How long _____
Present Landlord (Occ. 1) _____	Phone (____) _____	
Present Landlord (Occ. 2) _____	Phone (____) _____	

Name, relationship and age of all others who will occupy apartment:

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Nearest Relative _____ Phone (____) _____

Address _____ Relationship to Lessee _____

Auto Make _____	Auto Model _____	Year _____	Color _____
Auto License # _____	State _____	Driver License # _____	

Bank Name _____ Account # _____

Type of Apartment desired _____ Date desired _____

Type and number of Pet(s) _____ Weight _____

Applicant acknowledges that the selection of an apartment will cause the owner to remove that apartment from the market, so that if applicant fails to occupy the apartment, Owner will incur damages which are certain to occur, but difficult to calculate. Therefore, Applicant shall deposit with the Owner, within five (5) days of selection of an apartment, an amount of money equal to the amount of security deposit required under the Lease. If Applicant occupies the apartment, the entire amount of this deposit shall be converted to the security deposit required under the Lease; however, if Applicant fails to occupy the apartment, this deposit shall be considered liquidated damages and shall be retained by the Owner.

I understand that if I have a pet, I will abide by all Rules & Regulations regarding pets. I further understand that my pet cannot weigh more than 25 pounds. I understand that if I rent a garage space, I will abide by the Parking Rules & Regulations.

The application fee is due at the time this Application is completed. The application fee is non-refundable. If applicant is not accepted, the deposit will be refunded.

This will certify that only those mentioned in this application will occupy the premises, and will also certify that I have never been evicted from a residence.

Lessor/Agent _____	Applicant Signature (Occ. 1) _____
	Applicant Signature (Occ. 2) _____
	Date of Application _____