



Phone: 317-852-9027 | FAX: 317-852-6659

## Rental Application

Applicant Information			
Name:		Driver's License #	How many occupants under 18:
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Landlord name:	Phone #	How long?	
Previous address:			
City:	State:	ZIP Code:	
Previous Landlord name:	Phone #	How long?	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Previous Employer			
Address:			
City:	State:	ZIP Code:	Phone:
Supervisor			
Co-applicant Information			
Name:		Driver's License #	How many occupants under 18:
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Landlord name:	Phone #	How long?	
Previous address:			
City:	State:	ZIP Code:	
Previous Landlord name:	Phone #	How long?	
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
References			
Name:	Address:		Phone:
<small>I (we) certify that the above information is true and correct and I (we) authorize Brownsburg Monopoly LLC to obtain a credit report. I (we) also acknowledge that Brownsburg Monopoly LLC reserves the right to contact my current and previous Landlord(s) and Employer(s) as well as my personal references listed, current and former neighbors, and/or current and former people that I have worked with to gather information as to my character and standard of living. I (we) agree that such information will be gathered only to the extent it is allowed by law and will be used only for purposes of determining my qualifications as a tenant and agree to hold harmless any person or entity providing such information.</small>			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

PROPERTY APPLYING FOR: \_\_\_\_\_