

Sycamore Place Apartments

1095 Spruce Street
Terre Haute, IN 47807
phone (812) 232-9199
fax (812) 478-5443

Rental Application

OFFICE USE ONLY

Application fee \$ _____ Cash ☐ Rcpt # _____ Check ☐ # _____

Earnest Money \$ _____ Cash ☐ Rcpt # _____ Check ☐ # _____

Date Application Submitted: _____ Leasing Agent: _____

Application Process

- Complete this application and submit with \$30 nonrefundable application fee. Make check payable to Sycamore Place Apartments.
- Submit proof of income 3 times greater than the total monthly rent **OR** a completed co-signature addendum.
- You will be notified of your approval status within 5 business days after the receipt of all completed applications/co-signature addendums.
- Applications will not be processed until ALL applicants for the apartment submit their completed paperwork.

Earnest Money/Security Deposit

Applicant or married couple must submit earnest money (payable to Sycamore Place Apartments) with all completed paperwork. Apartment will not be held if the Security Deposit is not submitted with this application. The lease must be signed within 3 business days of application approval.

I hereby deposit \$ _____ earnest money and understand the information stated below. Applicant's initials _____

- If this application is approved, the earnest money will be retained as the security deposit.
- If this application is not approved, the earnest money will be refunded to the applicant.
- Earnest money will be forfeited if you change your mind and no longer want the apartment **OR** if the lease is not signed within 3 business days after you have been notified of approval. Forfeited earnest money will be retained by Sycamore Place Apartments as liquidated damages in payment for processing the application and the apartment will be put back on the market.

Apartment

- Apartment # you are applying for: _____ Bedroom Size: 1 ☐ 2 Medium ☐ 2 Large ☐ 3 ☐
- Monthly Rate: \$ _____ (base rent) + \$ _____ (water/sewage) = \$ _____ Lease Start Date: _____
- How did you learn about us? ☐ Internet, list site _____ ☐ Leasing banner/sign ☐ University newspaper
☐ Local newspaper ☐ Brochure ☐ Word of mouth ☐ Other, please explain _____

Personal Information

- Full Name: _____ Date of Birth: _____
- Social Security # :: _____ DL# _____ DL State: _____
- Phone: Cell #: () _____ Work #: () _____ Home #: () _____
- E-mail: _____
- Name of Bank: _____ City, State: _____
- Roommates: Names of persons that will be occupying the apartment with you (only minors will not be required to fill out an application):
Names: _____
- Vehicle Information: Make & Model: _____ Color: _____ Tag #: _____ State: _____
- Have you ever been evicted? Yes ☐ No ☐ If yes, please explain: _____
- Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, what was the charge? _____ Date: _____
- Character Reference: Name _____ Daytime Phone: () _____
(Someone other than a close personal friend)
- In case of emergency, please notify: _____ Phone: () _____

Rental History

- **Current Address:** _____ City: _____ State: _____ Zip: _____
Month / Year Moved In: _____ Reason for Leaving: _____
Manager's / Owner's Name: _____ Phone #: () _____
- **Previous Address:** _____ City: _____ State: _____ Zip: _____
Dates you lived there: _____ Reason for Leaving: _____
Manager's / Owner's Name: _____ Phone #: () _____

Employment History

- **Your Status:** Student ☐ Employed ☐ Military ☐ Retired ☐ Unemployed ☐
*Must submit proof of income 3 times greater than the total monthly rent to forgo the Co-Signature Addendum.
If income or credit report requirements are not met, please have a co-signer complete the addendum and turn it in with this application.*
- **Current Employer:** _____ Date Employed: _____
Position / Rank: _____ Gross Monthly Income: _____
Supervisor's Name: _____ Phone #: () _____
- **Previous Employer:** _____ Date Employed: _____
Position / Rank: _____ Gross Monthly Income: _____
Supervisor's Name: _____ Phone #: () _____
- **Other Monthly Income:** \$ _____ Source of other income: _____

Applicant Signature

The undersigned specifically acknowledges and agrees that:

1. The leased property will not be used for illegal or prohibited purpose or use.
2. All statements in this application are made for the purpose of obtaining a lease of a dwelling or other property.
3. Verification or re-verification of any information contained in the application may be made at any time by Sycamore Place Apartments, its agents, successors, and assigns, either directly or through a credit/criminal reporting agency, from any source named in this application, and the original not approved.
4. Sycamore Place Apartments, its agents, successors, and assigns will rely on the information in the application and I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change prior to execution of the lease.
5. In the event my lease payments or other financial obligations under the lease become delinquent, Sycamore Place Apartments, its agents, successors, and assigns, in addition to all other rights and remedies, may report my name and account information to a credit reporting agency. This inquiry includes information as to your character, general reputation, employment, credit, ability to pay rent, past rental history, and mode of living.

This applicant may be disapproved as a result of the following credit report decision criteria:

1. Any bankruptcy, judgment, suit, foreclosure, tax lien, garnishment, or repossession within the last 24 months.
2. No tradelines with a date opened 6 months or older.
3. More than one charge off or collection within the last 24 months (excluding medical).
4. More than one trade line rated a 4 or higher (90+ days past due).
5. Debt to income is greater than 50%. If not met, decision factor will read "DEBT RATIO".

This application may also be disapproved as a result of any misrepresentation, insufficient information as a result of incomplete application, or a felony conviction. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation. **An application must be completed and signed by all adults who will occupy the apartment.**

Signature of Applicant: _____ **Date:** _____

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Verifications: Rental History ☐ Employment ☐ Character Reference ☐

Application is: Approved ☐ Approved with Co-Signature Addendum ☐ Not Approved ☐ Reason: _____

Date & time of initial notification: _____ at _____ a.m./p.m. Talked to Applicant ☐ Left Message ☐ Other: _____

Manager Signature: _____

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Co-Signature Addendum

It is agreed that this Co-signature Addendum is a part of the Occupancy Agreement dated the _____ day of _____, 20____, between Sycamore Place Apartments, Landlord and _____ Occupant(s) of apartment #_____, at _____ Spruce Street, Terre Haute, Indiana, commencing on the _____ day of _____, 20____. The signature below guarantees the terms, conditions, and obligations of the above mentioned Occupancy Agreement including, **but not limited to** the payment of the total rent during the term in the amount of \$_____.

The undersigned specifically acknowledge(s) and agree(s) that:

1. I/we are signing this Co-Signature Addendum for the purpose of guaranteeing the financial obligations created by the lease of a dwelling or other property.
2. Verification or re-verification of any information contained in the Co-Signature Addendum and/or my/our credit worthiness may be made at any time by a credit reporting agency, and the original copy of this Co-Signature Addendum will be retained by Sycamore Place Apartments, even if the lease is not approved.
3. In the event the underlying lease payments or other financial obligations under the lease become delinquent Sycamore Place Apartments, its agents, successors and assigns, in addition to all their other rights and remedies, may report my/our name(s) and account information to a credit reporting agency.

This Co-Signature Addendum may be disapproved as a result of the following credit report decision criteria:

1. Any bankruptcy, judgment, suit, foreclosure, tax lien, garnishment, or repossession within the last 24 months.
2. No tradelines with a date opened 6 months or older.
3. More than one charge off or collection within the last 24 months (excluding medical).
4. More than one trade line rated a 4 or higher (90+ days past due).
5. Debt to income is greater than 50%. If not met, decision factor will read "DEBT RATIO".

This Co-Signature Addendum may be disapproved as a result of the following criminal report decision criteria:

1. At any time, have had a felony conviction or subjected to deferred adjudication for a felony.
2. At any time, have had a misdemeanor conviction for a sex crime.
3. At any time, have had a conviction or deferred adjudication for a crime that is drug related or that involves violence against a person or property.

Co-Signer's Information:

- Full Name: _____ DOB: _____
- Home Address: _____ City: _____ State: _____ ZIP: _____
- Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____
- Employer: _____ Address: _____ City, State: _____
- SS# _____ Name of Bank _____ Bank City, State: _____
- Signature: _____ Date: _____

Please fax to: _____ @ **812-478-5443** **Thank You!**

Original must be mailed to Sycamore Place Apartments, 1095 Spruce Street, Terre Haute, IN 47807

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Rental Verification

This Section to be Completed by Applicant

I, _____ have applied for an apartment with Sycamore Place Apartments.

I give my authorization to release any information regarding my residency at the following address:

Street Address _____

City, State, ZIP _____

Dates Rented (month/year): From _____ To _____

Name of Company/Landlord _____ Phone _____

Applicant Signature _____ Date _____

This Section to be Completed by Landlord

➤ Was proper notice given? ☐ Yes ☐ No

➤ Are there any outstanding debts? ☐ Yes ☐ No

➤ Were there any late charges? ☐ Yes ☐ No

If so, how many? _____ When? _____

➤ Were there any NSF payments? ☐ Yes ☐ No

If so, how many? _____ When? _____

➤ Were all lease conditions met & rules complied with? ☐ Yes ☐ No

If NO, what were the violations? _____

➤ Amount of rent being charged? \$ _____

➤ Would you re-rent to _____? ☐ Yes ☐ No

Comments: _____

Representative Signature _____

Title _____

Date _____

Please fax to: _____ @ 812-478-5443 Thank You!