RENTAL APPLICATION

Weaver Property Services P.O. Box 6766 South Bend, IN 46660 Phone and fax # (574) 277-3045

Please send application and \$10.00 processing fee to above address.

Property Address:	Ren	nt: Date:
APARTMENT/HOUSE OCCUPANTS	<u>S:</u>	
Name:	D.O.B.	Age:
Marital Status:	Social Security Number:_	:
Other Occupants/Ages:		
Spouse/other occupant S.S. #:	:	Spouse/other occupant D.O.B.:
Will this be a Section 8 lease?	? yes	no
PRESENT ADDRESS:		Zip Code:
Phone:	Time at present address:_	
Current Landlord Name, Add	ress, Phone:	
Reason for leaving present res	sidence:	
PREVIOUS ADDRESS:		Time at previous address:
Previous Landlord Name, Add	dress, Phone:	
Reason for leaving your previ	ous residence:	
EMPLOYMENT: Company:		Phone:
Address:		Supervisor:
Job Description:		How Long:
Total monthly take-home in	come (including child support	rt, unemployment, etc.) \$
Spouse/other occupant employed by	:	Phone:
Address:		Supervisor:
Job Description:		How Long:
Total monthly take-home in	come (including child support	rt, unemployment, etc.) \$

APPLICANT REFERENCES: (Bank	_	• • •		
Name:	Type of Account:		Account #:	
Name:	Type of Account:		Account #:	
Name:	Type of Account:		Account #:	
Personal Reference: Name/Address(non-relative)			Phone:	
Closest Relative: Name/Address			Phone:	
CO-APPLICANT REFERENCES:				
Name:	Type of Account:		Account #:	
Name:	Type of Account:		Account #:	
Name:	Type of Account:		Account #:	
Personal Reference: Name/Address(non-relative)			Phone:	
Closest Relative: Name/Address			Phone:	
Has any applicant been convicted of a Explain:			_	
Has any applicant ever been evicted from				
IN AN EMERGENCY, NOTIFY:			Phone:	
AUTOMOBILES (you own):				
Year: Make:		Year:	Make:	
By signing this application, I (we) affirr verify any information contained herein necessary to determine the undersigned' read this application, understand it, and	(including criminal backgro's financial and credit standi	ound check) and to m	ake such other investig	gations as it shall deer
Weaver Property Services reserves th	ne right to reject any appli	cation without expl	anation.	
SIGNATURE OF APPLICANT:		DATE	:	
SIGNATURE OF APPLICANT: Driver's License Number:				