



1715 South Walnut Street
Bloomington, IN 47401

Phone (812) 331-7353
Fax (812) 331-4525
www.CallChoiceRealty.com

APPLICATION FOR RENTAL:

(Each applicant is required to complete form and provide photo ID)
\$40 processing fee required.

*Name (First, Middle, Last): _____

*Date Of Birth: _____ *Social Security #: _____

Home Phone #: _____ *Cell Phone #: _____

Passport #: _____ *Driver's License #: _____

*Email Address: _____ Work Phone # _____

Student? Yes ___ No ___ If yes, Year in School _____ IU or Ivy Tech

*Complete Current Address:

*How long at current address? : _____ *Mo. Rent: _____ *Is Rent Past Due? N Y

Reason for Moving? : _____

*Landlord Name: _____ *Phone #: _____

Previous Address: _____ How long? _____

Employer: _____ Years Employed: _____

Contact Name: _____ Phone #: _____

*Net Monthly Income: _____ *Monthly Expenses (excl. rent): _____

*Additional Sources of Income? (explain) _____

Bank Balances: Checking: _____ Savings: _____

*Have you ever been charged with a felony? _____ If yes, explain on back.

*Have you ever been charged with a misdemeanor? _____ If yes, explain on back.

*Have you ever filed Bankruptcy? _____ If yes, explain on back.

*Have you ever been evicted from a property? _____ If yes, explain on back.

*Have you lost a property through foreclosure? _____ If yes, explain on back.

*Have you even been sued? _____ If yes, explain on back.

*Marital Status: married ___ separated ___ divorced ___ single ___

*Do you have pets? Type: _____ Qty: _____ Type: _____ Qty: _____

Vehicle(s): Make/Model/Year _____

License Plate #(s) _____



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Personal References:

*Name/Address/Phone #: _____

Name/Address/Phone #: _____

Parent Name/Address/Phone #: _____

*In case of an emergency, contact (not living with you) _____ Phone # _____

*Property of Interest: _____

*How many persons will reside in leased premises? _____

Names of Prospective Roommates: _____

*How did you hear about this property?

*Preferred Date of Move-In: _____ Preferred Lease Term: _____

By signing below, I declare the statements above true and correct. Lessor may terminate lease if statements are found to be false. I hereby authorize verification on any and all of the above information including credit history.

*Applicant Signature: _____ Date _____

(*) Required information noted with an asterisk.



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RENTAL VERIFICATION

The individual signed below has submitted a rental application to Choice Realty & Management. Please provide the information requested below by faxing or emailing back to our office at your earliest convenience. We greatly appreciate your cooperation.

Name of Applicant: _____

I hereby authorize release of the information requested below for my rental address at:

Street City State Zip

*Applicant's Signature: _____ Date: _____

Please note if applicant is a _____ current or a _____ past resident of your rental property.

Lease Ending Date: _____

Amount of Monthly Rent: _____

of Late Payments: _____

of NSF Checks: _____

Has proper notice been given?	Y	N
Is there currently a past due amount?	Y	N
Has the Applicant complied with all policies?	Y	N
Does the Applicant have a Pet?	Y	N
If Yes, have you had any problems?	Y	N
Has Legal action been filed on this Applicant?	Y	N
Would you rent to this resident again?	Y	N

Respectfully submitted:

Landlord

Date