

Rental Application

Application Directions

- 1. Please fill out application for each applicant to be on the lease.
- 2. Please include your last tax return as proof of income.
- 3. Feel free to include additional items on a separate sheet of paper if there is not enough space in the section.
- 4. We will need verification of insurance protection of your mobile home. Please be sure to include: company name, address, phone number, agent name, agent address, agent telephone number, number of years insured, and amount of coverage. Be sure to furnish complete documentation for statement validation.
- 5. Please include a photo copy of a legal ID with this application.
- 6. Please include \$40 cash or check (non-refundable) with this application.

Thank you for your interest in Daryl Terrace!

RESIDENT APPLICATION

\$40 APPLICATION FEE IS REQUIRED MUST BE COMPLETELY FILLED OUT

APPLYING FOR LOT #_____

APPLICANT NAME: LAST		FIRST	MIDDLE
SOCIAL SECURITY NO: -	- DRIVE	RS LICENSE NO:	STATE:
boomie becomming.		10 Eree: (52 1.0. <u>—</u>	
BIRTH DATE:MONTH/DAY/YE	HOME PHONE:	C	ELL PHONE:
MONTH/DAT/TE	AK		
LIST ALL PROPOSED OCCUPA	NTS WHO WILL RESID	E IN MORILE HOM	F.
NAME:	RELATIONS	HIP TO APPLICANT	: BIRTH DATE:
NAME:	RELATIONS	HIP TO APPLICANT	BIRTH DATE:
NAME:	RELATIONS	HIP TO APPLICANT	BIRTH DATE:
NAME:	RELATIONS	: BIRTH DATE:	
APPLICANT RENTAL HISTORY	<i>Y</i>		
CURRENT ADDRESS:			
STREET	UNIT #	CITY	STATE ZIP
DATES OF RESIDENCY, FROM /	ТО		RENT PAID PER MONTH
OWNER / MANAGER NAME	PHONE NUMBER	REAS	ON FOR LEAVING
PREVIOUS ADDRESS:			
STREET	UNIT#	CITY	STATE ZIP
DATES OF RESIDENCY, FROM /	ТО		RENT PAID PER MONTH
OWNER / MANAGER NAME	PHONE NUMBER	REAS	ON FOR LEAVING
PAGE 1 OF 5	APPI ICANTS INIT	TALS	DATE

Daryl Terrace • 1340 South Lebanon Street • Lebanon, Indiana 46052 • (765) 482-1660 • www.darylterrace.com

APPLICANT EMPLOYMENT HIS	TORY			
CURRENT EMPLOYER:				
EMPLOYER ADDRESS: STREET	UNIT#	CITY	STATE	ZIP
DATES OF EMPLOYMENT, FROM	/ TO		MON	THLY SALARY
SUPERVISOR NAME	PHONE NUMBER		POSITION / TITLE	
PREVIOUS EMPLOYER:				
EMPLOYER ADDRESS: STREET	UNIT #	CITY	STATE	ZIP
DATES OF EMPLOYMENT, FROM	/ TO		MONT	THLY SALARY
SUPERVISOR NAME	PHONE NUMBER			
BANKING INFORMATION				
BANK / INSTITUTION NAME:				
BRANCH ADDRESS:STREET		CITY	STATE	ZIP
CHECKING ACCOUNT NUMBER	BALANCE	SAVINGS ACCOUN	NT NUMBER	BALANCE
BANK / INSTITUTION NAME:				
BRANCH ADDRESS: STREET		CITY	STATE	ZIP
CHECKING ACCOUNT NUMBER	BALANCE	SAVINGS ACCOUN	NT NUMBER	BALANCE
PAGE 2 OF 5	APPLICANTS IN	ITIALS	DATE	

CREDIT HISTORY LIST CREDIT CARDS AND ANY LOAD	NS			
CIRCLE ONE: CREDIT CARD	LOAN	COMPANY NAME:		
COMPANY ADDRESS:				
STREET		CITY	STATE	ZIP
ACCOUNT NUMBER	PR	ESENT BALANCE	MONTHLY P.	AYMENT
CIRCLE ONE: CREDIT CARD	LOAN	COMPANY NAME:		
COMPANY ADDRESS:				
STREET		CITY	STATE	ZIP
ACCOUNT NUMBER		ESENT BALANCE	MONTHLY P.	AYMENT
CIRCLE ONE: CREDIT CARD	LOAN	COMPANY NAME:		
COMPANY ADDRESS:				
STREET		CITY	STATE	ZIP
ACCOUNT NUMBER	PR	ESENT BALANCE		AYMENT
CIRCLE ONE: CREDIT CARD	LOAN	COMPANY NAME:		
COMPANY ADDRESS:				
STREET		CITY	STATE	ZIP
ACCOUNT NUMBER	PR	ESENT BALANCE	MONTHLY P.	AYMENT
CIRCLE ONE: CREDIT CARD	LOAN	COMPANY NAME:		
COMPANY ADDRESS:				
STREET		CITY	STATE	ZIP
ACCOUNT NUMBER	PR	ESENT BALANCE	MONTHLY P.	AYMENT

PAGE 3 OF 5 APPLICANTS INITIALS DATE

2. Have you ever had an unlawful detainer filed against you? 3. Have you ever been evicted for non-payment of rent or other reason? YES NO 4. Have you ever filed bankruptcy? YES NO 5. Have you ever been convicted of a felony? YES NO 6. If yes, what were you convicted of:								
2. Have you ever had an unlawful detainer filed against you? YES NO	ADDITION	AL INFORMATION	(CIRCLE YES OR N	(O)				
2. Have you ever had an unlawful detainer filed against you? YES NO	1. Have yo	Have you had any credit problems?			YES	NO		
4. Have you ever filed bankruptcy? 5. Have you ever been convicted of a felony? 7. Have you ever been convicted of a felony? 7. Have you ever been placed on probation? 7. Have you ever been placed on probation? 8. If yes, what were you placed on probation for: 9. Date of placement: 9. Describe any pets: 9. Describe any pets: 9. Or circle: NONE VEHICLES, LIST CARS, TRUCKS, VANS (NO MOTORCYCLES, RV'S, BOATS, GOLF CARTS ALLOWED) YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	2. Have yo	ou ever had an unlawful	detainer filed against y		YES			
5. Have you ever been convicted of a felony? 6. If yes, what were you convicted of: 7. Date of conviction: 8. If yes, what were you placed on probation? 8. If yes, what were you placed on probation for: 9. Describe any pets: 9. Describe any pets: 9. Describe any pets: 9. Or circle: NONE VEHICLES, LIST CARS, TRUCKS, VANS (NO MOTORCYCLES, RV'S, BOATS, GOLF CARTS ALLOWED) YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP								
6. If yes, what were you convicted of: 7. Have you ever been placed on probation? 8. If yes, what were you placed on probation for: 9. Describe any pets: Or circle: NONE VEHICLES, LIST CARS, TRUCKS, VANS (NO MOTORCYCLES, RV'S, BOATS, GOLF CARTS ALLOWED) YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP								
7. Have you ever been placed on probation? 8. If yes, what were you placed on probation for: Date of placement: Or circle: NONE VEHICLES, LIST CARS, TRUCKS, VANS (NO MOTORCYCLES, RV'S, BOATS, GOLF CARTS ALLOWED) YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	3. nave yo	ou ever been convicted	of a felony?		IES	NO		
8. If yes, what were you placed on probation for: Date of placement: State:	6. If yes, w	hat were you convicted	d of:		Date	of convicti	on:	_ State:
9. Describe any pets:	7. Have yo	ou ever been placed on	probation?		YES	NO		
VEHICLES, LIST CARS, TRUCKS, VANS (NO MOTORCYCLES, RV'S, BOATS, GOLF CARTS ALLOWED) YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	8. If yes, w	what were you placed or	n probation for:		— Date	of placemen	nt: ———	– State: ——
YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	9. Describe	e any pets:				Or cir	cle: NONE	
YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP								
YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN	VEHICLES	, LIST CARS, TRUCK	KS, VANS (NO MOTO	RCYCLES, RV'S,	BOATS,	GOLF CAI	RTS ALLOWEI	D)
YEAR MAKE MODEL COLOR LICENSE # STATE YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN								
YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN	YEAR	MAKE	MODEL	COLO	OR		LICENSE #	STATE
YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN								_
YEAR MAKE MODEL COLOR LICENSE # STATE PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN	VEAR	MAKE	MODEI	COL)R		LICENSE #	STATE
PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	ILAK	WAKE	MODEL	COL	ЭK		LICENSE #	SIAIL
PERSONAL REFERENCES, NO RELATIVES PLEASE NAME: ADDRESS: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP			1.600.00	907	2.5		**************************************	0m + mn
NAME: ADDRESS: RELATIONSHIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP	YEAR	MAKE	MODEL	COLO	OR	LICENSE #		STATE
RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: STREET CITY STATE ZIP ADDRESS: RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN RELATIONSHIP PHONE NUMBER TIME KNOWN	NAME:							
RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	ADDRESS:							
NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN		STREET		CITY		STATE	ZIP	
NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN								
NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN								
ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN		RELATIONSHIP		PHONE NUMBER		TIME KNOWN		
ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	NAME:							
RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: STREET CITY STATE ZIP CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN								
RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: STREET CITY STATE ZIP CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	ADDDECC:							
RELATIONSHIP PHONE NUMBER TIME KNOWN NAME: ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	ADDRESS:	STREET				STATE	ZIP	
NAME:ADDRESS:		STREET		CITT		SIIIL	211	
NAME:ADDRESS:								
NAME:ADDRESS:		RELATIONSHIP	•	PHONE NI	IMBER		TIME KN	OWN
ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN		TELLITION (SIII)		THORET	JIIDLI		THVIL IE.	0 1111
ADDRESS: STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	NAME:							
STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN								
STREET CITY STATE ZIP RELATIONSHIP PHONE NUMBER TIME KNOWN	, DDDEGG							
RELATIONSHIP PHONE NUMBER TIME KNOWN	ADDRESS:_			CITV		STATE	710	
		SINEEI		CILI		SIAIE	ZIF	
		DEI ATIOMETHI		риоме м	IMDED		TIME IM	OWN
	PAGE 4 OF							

Daryl Terrace • 1340 South Lebanon Street • Lebanon, Indiana 46052 • (765) 482-1660 • www.darylterrace.com

EMERGENCY CONTACT			
NAME:			
ADDRESS:			
STREET	CITY	STATE	ZIP
RELATIONSHIP	PHONE NU	MBER	
Applicant represents that all of the above statements are limited to, obtaining a credit report, and agrees to furnis a credit report now and in the future.	true and correct and he hadditional credit reference	ereby authorizes their verences upon request. Dar	rification including, but not ryl Terrace is authorized to obta
In connection with my application for rental, I understard driving, and other reports as needed. I understand that in private and public, which maintain records concerning ras well as claims involving insurance company files.	nformation will be requ	ested from various feder	al, state, and other agencies, bo
I authorize, without reservation, any party or agency commentioned information related thereto. Further, I release information in accordance herewith.			
The undersigned makes application to rent land accommapproval of this application agrees to sign a rental or lea			as set forth above and upon
DATE		APPLICANT SIGNA	TURE