

PO BOX 549 522 SOUTH 13TH STREET DECATUR, IN 46733 800 589-4332

300 589-4332 TDD 7-1-1

RENTBIGGS.COM

Date:		
Dear Applicant:		

Thank you for your interest in our community! We take pride in our management and in our apartment community. We screen all of our applicants carefully and verify all information provided to us.

- Anyone 18 years and older must fill out a rental application
- We run a credit check on EVERY applicant.
- We run criminal checks on ALL applicants and require all applicants provide us with a local.
- We run a sexual predator check on ALL applicants.
- We check previous rental history.
- We verify income.

The same screening and verification process is implemented for every applicant. By submitting an application to our community, you acknowledge these checks and verifications will be done and give us your permission to do so by signing your application.

Please, sign and fill out your application completely. If you do not, we will NOT be able to process the application successfully. **Please, leave NO question unanswered.** If you have any questions when filling out the application, please ask for assistance, we are here to be of service to you. We do charge an application fee, the amount is located at the top of your application, your application will not be processed until the application fee has been paid.

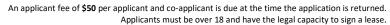
Please return along with your completed application:

- A local Sheriff's or Police Department background report for all applicants age 18 and over
- Application fee per applicant We ONLY accept check/money order (NO CASH)
- Approximately one (1) month of pay history
- Copy of Social Security card for ALL members of the household

We will do our best to process your application quickly and will notify you in writing within 10 business days the status of your application. Once again, thank you for your interest in our community!

Sincerely,		
Biggs Property Management		

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522 S 13th St | Decatur, IN 4733

CONVENTIONAL RENTAL APPLICATION

RentBiggs.com	Property Desired:					
Date of Application:	Desired Mo	ve-In Date:	Туре/	Size Apartment	Desired	_
Would you or anyone in	n your household benef	it from the fea	atures of a handica	p-accessible uni	t? Yes No	_
Applicant's Full Name (First, MI, Last)		Date of Birth	Co-Applicant's Full I	Name (First, MI, Last)	Date of Birth
Phone #	E-mail		Phone #		E-mail	
Cell/Alternative #	Social Security # / I-94 #		Cell/Alternative #		Social Security # / I-94 #	
Driver's License/ID #	Issuing State:		Driver's License/ID #	#	Issuing State:	
Current Address			Current Address			
City: State:	Zip:		City:	State:	Zip:	
Move In Date Move out Date	Monthly Rent		Move In Date	Move out Date	Monthly Rent	
Reason for Moving	Landlord Name		Reason for Moving		Landlord Name	
Landlord Address			Landlord Address			
City: State:	Zip:		City:	State:	Zip:	
Landlord Phone #	Comments:		Landlord Phone #		Comments:	
Previous Address: City: Sta	te: Zip:		Previous Address:	City:	State: Zip:	
Move In Date Move out Date	Landlord Name		Move In Date	Move out Date	Landlord Name	
Landlord Address: City: St	ate: Zip:		Landlord Address:	City:	State: Zip:	
Landlord Phone #	Comments:		Landlord Phone #		Comments:	
Additional Househ	old Members: If member	r is over 18 they	must also submit an	application and po	l ay a \$50 application fee.	

Full Name (First, MI, Last)	Relationship to Applicant	Social Security #	Date of Birth

Income information: To determine your eligibility to occupy a unit at this project, we need to know the amount of income earned by your household. You must list any income in which you and your household members receive. If you have been with your current employer for less than 3 months, please provide information on your previous employer.

Applicant				Co-Applicant					
Cur	Current Employer Address			Current Employer		Address	Address		
Mor	nthly Gross Received	Phone #			Monthly Gross Received		Phone #	Phone #	
Pre	Previous Employer Address			Previous Employer	Previous Employer				
Mor	Monthly Gross Received Phone #			Monthly Gross Recei	/ed	Phone #	Phone #		
		 			T		 		
Oth	er Income to be Considered	Amount of	nt of Income		Other Income to be Considered		Amount of Income		
List a	ny cars, trucks or other vehicle	es to be parke	ed on the	e premises:					
Mak	se/Model	Year	ear		Color		License Pla	te#	
Mak	ce/Model	Year			Color		License Plat	te#	
note ro		· ·	Gende	e basis of visual ob er	=	Ethnicity:	ot furnish it, the Hispanic ☐ No		
Rac	e		Gende	er	Prefer not to Disclose 🖵	Ethnicity:	Hispanic 🖵 No	ot Hispanic 🗖	
Gene	ral Information:		· ·		Please Provide 2 per	sonal reference			
Hav	e you, your spouse, or any othe	er proposed oc	cupant e	ever:	Applicant References				
1.	Filed for bankruptcy			Yes ☐ No ☐	Name	Relations	hip	Phone #	
2.	Been evicted from any reside	nce?		Yes 🛭 No 🗖	Name Relationsh		nip Phone #		
3.	Willfully or intentionally refuse	. ,		Yes ☐ No ☐	Co-Applicant Reference	s			
4. 5.	Been charged with any misde Been charged with possessio	n, sale, or del	•	Yes □ No □ Yes □ No □	Name	Relations	hip	Phone #	
6.	of any illegal or controlled sub Been required to register as a			Yes □ No □	Name	Relations	hip	Phone #	
If yo	u answered yes to any of the al	bove question	s, please	e explain below:	Pets: If you plan to	have pets, pleas	e provide the fo	llowing info.	
					Breed	Weight		Description	
					Breed	Weight		Description	
verificat prospec the com Your sig or orgar	lication is to be completed fully and in detail ion by Landlord. In the event any informatic tive tenants is for the benefit of the Landlord munity. nature on this form authorizes Landlord to o ization may be asked to release information pies of this authorization may be used for the I do hereby certify that the information offense which is punishable by fine or i I understand that failure to consent to obtain any information that is pertinen	on provided is later of d only, and does not btain any informatic. the purpose indicated to listed on this form a mprisonment or bot the release of this in	determined or create any of that is per labove. The and the quest h.	to be false, Landlord ma right of reliance on the p ritinent to eligibility accor- e original is retained by to stions answered are true vill render me ineligible for	y, in Landlord's sole discretion, to part of any tenant or occupant paid ording to federal law, for residence the requesting organization. and complete to the best of my kappen or the housing complex at which I	rminate any lease. It regarding the beha It at the housing con Inowledge. I realize that the properties of the second	Landlord's gathering avior or character of nplex in which you re hat false statements	of information from and about any other tenant or occupant of eside/have applied. Any individual are fraudulent and are a criminal	
Appli	cant Signature:					Date:			
Co-Ar	oplicant Signature:					Date:			