

Rosedale Hills Apartments

2139 E. Hanna Ave. # B-4

Indianapolis, IN 46227

(317) 788-7680

Rosedalehillsapts@yahoo.com

Like us on Facebook.com/rosedalehillsapts

Residency Qualifications

Gross monthly income must be three (3) times the amount of market rent.

Must provide the last three (3) pay stubs from current employer and /or proof of income.

Verifiable one (1) year current employment or one (1) year previous employment.

Must have an R-1 to R-3 credit rating, excluding medical.

Verifiable one (1) year good rental history; every address in the past three (3) years must be verifiable.

All applicants over the age of 18 that will be living in the household must pay a \$35.00 application fee to have their criminal and credit backgrounds checked.

Bankruptcy:

Must have discharge papers

Established good credit or reaffirmed existing credit.

Must have qualified Co-Signer or pay and stay one month in advance on monthly rent.

Automatic Denials:

Judgement (unpaid) from any apartment community or rental property.

Applicant with a felony arrest, violent charges or drug related instances.

Initials of Applicant_____

Applicant's Consent

Have you (or any co-resident) ever been convicted of a felony? Yes_____ No_____

If yes, please explain_____

AUTHORIZATION: I hereby authorize the Sheriff's Department to furnish the owner, if requested, with any information they may have concerning me. I do hereby release the Sheriff's Department, Rosedale Hills Apartments from any liability for any damage whatsoever incurred in furnishing such information.

Applicant represents that all the above statements are true and hereby authorize verification of above information, reference and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, terminating the rights of occupancy and **FORFEITURE OF DEPOSIT** and may constitute a criminal offense under the laws of this State.

If approved and applicant fails to enter into the contemplated agreement after three business days of submitting the application, the security deposit will be forfeited and the apartment will be placed back on the market. If management does not approve the application, the Security Deposit will be refunded to applicant.

Keys will be furnished only after the closing of the lease and all related documents have been signed by all parties and all required money has been paid.

I HAVE READ AND UNDERSTAND THE ABOVE SECTION.

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

APPROVED_____ **REJECTED**_____ **DATE**_____

APPLICATION FOR RESIDENCY

DATE OF APPLICATION _____ APT STYLE _____ APT # _____

LEASE TERM _____ OTHER _____ MOVE-IN DATE _____ RENT AMT _____

SECURITY DEPOSIT \$ _____ APPLICATION FEE \$ _____ PET DEPOSIT _____ PET RENT _____

DO YOU HAVE: WATERBED? _____ RENTERS INSURANCE? _____

WHY DID YOU CHOOSE OUR COMMUNITY TO BE YOUR NEW HOME?

PERSONAL INFORMATION

PLEASE PRINT

APPLICANTS FULL NAME _____ TELEPHONE # _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY# _____

DRIVERS LIC# _____ STATE OF ISSUE _____

SPOUSE/ROOMATE NAME _____ AGE _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVERS LIC # _____

STATE OF ISSUE _____

LIST NAME, AGE AND RELATIONSHIP OF PERSONS OCCUPYING PREMISE:

NAME: _____ AGE: _____

RELATIONSHIP: _____

NAME: _____ AGE: _____

RELATIONSHIP: _____

NAME: _____ AGE: _____

RELATIONSHIP: _____

IN CASE OF EMERGENCY NOTIFY (NOT LIVING WITH YOU)

NAME _____ (RELATIONSHIP) _____

ADDRESS _____ PHONE # _____ MOBILE _____

CITY & STATE _____ ZIP CODE _____

RESIDENTIAL HISTORY

**CURRENT
ADDRESS**

Street	Apt #	City	State	Zip
--------	-------	------	-------	-----

COMMUNITY NAME, LANDLORD OR
MORTGAGE HOLDER _____

Name

Address

PHONE # _____

MONTHLY PAYMENTS \$ _____ LENGTH OF RESIDENCE _____ LEASE EXPIRES _____
Yr Mo

REASON FOR
MOVING? _____

**PREVIOUS
ADDRESS**

Street	Apt#	City	State	Zip
--------	------	------	-------	-----

COMMUNITY NAME OR
MORTGAGE
HOLDER _____

Name

Address

City

State

Zip

LENGTH OF OCCUPANCY: Yrs: _____ Mos. _____ REASON FOR
MOVING _____

HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT OR BROKEN A RENTAL
AGREEMENT? _____

IF YOU HAVE,
WHERE _____

WHY _____

EMPLOYMENT INFORMATION

EMPLOYER _____

ADDRESS _____

POSITION _____ LENGTH OF TIME _____

WORK PHONE # _____ SUPERVISOR _____ MONTHLY GROSS
INCOME _____

SPOUSE/ROOMATE

EMPLOYER _____ ADDRESS _____

POSITION _____ HOW LONG? _____

WORK PHONE # _____ SUPERVISOR _____ MONTHLY GROSS
INCOME _____

Do you have any children not living with you that you pay child support for? Yes _____ NO _____
If yes, how much per month do you pay? _____

PREVIOUS

EMPLOYER _____ ADDRESS _____

POSITION _____ HOW LONG? _____ WORK PHONE # _____

REASON FOR

LEAVING _____

-

Pet Information: Please list any pets that will be occupying the rented premises. List how many, kind, breed, weight and name. _____

Banking and Credit

Bank _____
Name _____ Address _____ Phone _____

Checking Account Number _____ Savings Account Number _____

Auto Loan With: _____ Amount _____ Monthly Payment _____

Credit Card: _____ Amount _____ Monthly Payment _____

Credit Card: _____ Amount _____ Monthly Payment _____

Retail Credit: _____ Amount _____ Monthly Payment _____

Vehicle Information

Year ___ Make _____ Model _____ Color _____ Plate # _____ Plate Yr. _____

Year ___ Make _____ Model _____ Color _____ Plate # _____ Plate Yr. _____

You must bring in your Driver's License and SS Card when you return your application. We must collect your ID to be sure we are running the Criminal/Credit background on the actual applicant. Thank you...