

TENANT RENTAL APPLICATION

*PLEASE PRINT LEGIBLY. ALL FIELDS REQUIRED.

Date: Ful	l Legal Name:			
Preferred Name:	Date of Birt	h:		
Social Security #	Drivers License #	Register	ed State:	
Email address:		Cell Phone #		
Have you ever been evicted from a	rental unit? Yes No	Are you a student? Y	es No	
Current Living Arrangement (Check	one): IU Dorm Apartmen	t House Other		
Current Address:	City:	State:	Zip:	
Residence Assistant OR Landlord Na	nce Assistant OR Landlord Name: Phone #			
Residency Date From:	To: Year in So	chool: Major: _		
** If you are a student depending	g on financial aid to support your	rental payments, please provide	proof of support.	
Permanent Address (Home):		City: State:	Zip:	
Employer Name:	Supervisor Name:	Phone	e#	
Length of Employment:	Average Monthly Income	: Bank Name:		
Emergency Contact Name:	Relation	nship: Phone #		
Parent/Legal Guardian Name:		Phone #		
Reference Name:		Phone #		
I certify that the information above basis for cancellation of my lease. the information given above.				
Signature:		Date:		

Notice: If you are unable to provide a valid United States Social Security Card or permanent U.S. address you may be asked to provide a larger security deposit.