

\$20.00 application fee

PARAMOUNT MANAGEMENT, INC.

P.O. BOX 4464

SOUTH BEND, IN 46634

PHONE (574)287-8799

CELL (574) 876-4981

Web address: www.ParamountManagementSB.Com

APARTMENT RENTAL APPLICATION

How did you hear about us? _____ Date of Application: _____

Desired Move-In Date: _____ Number of Adults: _____ Number of Children: _____

Rental amount quoted: \$ _____ Lease term _____ (months) Security Deposit \$ _____

PERSONAL INFORMATION

Applicant's Last Name: _____ First Name: _____ Initial: _____

Telephone#: (____) _____ - _____ Soc Sec#: _____ - _____ - _____ Birth Date: ____ - ____ - ____

Present Address: _____ City _____ St _____ Zip _____

Have you rented from Paramount Management before? Yes ___ No ___

OTHER ADULT RESIDENTS

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____ City _____ St _____ Zip _____

Phone#: (____) _____ - _____ Soc Sec#: _____ - _____ - _____ Birth Date: ____ - ____ - ____

Childs Date of Birth _____ Child's Date of Birth _____ Child's Date of Birth _____

Do you have a pet? Yes ___ No ___ If yes, breed: _____ age _____ fixed? _____

LANDLORD VERIFICATION

Present Landlord: _____ Phone Number (____) _____ - _____

Current Rent Amount: \$ _____ (monthly) Length of Time at This Address _____

Reason _____ for _____ Moving: _____

Previous Landlord: _____ Phone Number (____) _____ - _____

Previous Address: _____ City _____ St _____ Zip _____

Previous Rent Amount: \$ _____ (monthly) Length of Time at This Address _____

Reason for Moving: _____

EMPLOYMENT INFORMATION

Applicant's Employer Name: _____ Length of Time: _____
Employer's Address: _____ City _____ St _____ Zip _____
Employer's Phone Number (____) ____ - _____ Department: _____
Monthly Take Home Pay: \$ _____ Hourly Rate: \$ _____
Previous Employer Name: _____ Length of Time: _____
Address: _____ City _____ St _____ Zip _____
Previous Employer's Phone Number (____) ____ - _____ Department: _____
Previous Monthly Take Home Pay: \$ _____ Previous Hourly Rate: \$ _____
Any other source of income? _____ Amount: \$ _____

STUDENT STATUS

Are you or any other adult household member (18 years of age or older) a full-time student?
YES NO (circle one) School: _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ Relationship: _____ Phone: (____) ____ - _____
Address: _____ City _____ State _____ Zip Code _____
Name: _____ Relationship: _____ Phone: (____) ____ - _____
Address: _____ City _____ State _____ Zip Code _____

AUTHORIZATION

In considering this application from you, Management will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and authorize the release of any information requested by Paramount Management, Inc. in regards to your rental history, employment, criminal and credit history and hereby release anyone giving the information from all liability for damage whatsoever incurred in furnishing such information.

Signature: _____
Date: _____

Signature: _____
Date: _____