

Stallard & Associates, Inc.
Rental Application
2425 N. Meridian Street, Suite C
Phone: 317-931-6030
Fax: 317-931-6031
www.stallardonline.com

General Information

Name: _____
 Last First Middle Phone Number

_____ SSN Marital Status DOB Email Address

Others to Occupy _____
 Name Age Relationship SSN

 Name Age Relationship SSN

 Name Age Relationship SSN

Pets: _____
 Description Age Weight

Vehicles: _____
 Color Make Model Year License#

 Color Make Model Year License#

In Case of emergency Contact: _____
 Name Phone Number

How did you hear about us? Star Nuvo Internet Walk in Apartment Guide Other: _____ Friend: _____

Employment

Company _____ Address _____ Phone Number _____

Length of Employment _____ Net Monthly _____ Position _____ Supervisor _____

Additional Income: _____
 Amount Source

Resident History(Beginning with present, list last 3 residences, If less than 5 years, list additional)

Address _____ City _____ State _____ Zip Code _____

Dates of Occupancy _____ Rent _____ Landlord Name/Phone _____ Reason for Leaving _____

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 Have you ever broken a lease or been evicted? _____ If so, explain _____

Have you ever been convicted of a felony? _____ If so, explain _____

For an apartment to be held, a holding fee must be paid with this application. Please note without placing the holding fee pricing and availability may change. Landlord has five business days to check references. If application is not approved, your full holding fee will be refunded. The application fee is not considered part of the holding fee and will not be refunded. In the event I am advised in person or by telephone that this application is approved, but I choose not to enter into a lease agreement after an apartment has been reserved for me, then I will be assessed liquidated damages of \$15.00 per day from the date of approval to the date of refusal. These liquidated damages, to which will be added any attorney's fee, costs and expenses incurred by Landlord in the recovery of same, will be due and payable upon demand. It is my/our understanding that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises. I authorize the owner or its agent's full investigative privileges of my credit, criminal, employment and residential history.

Applicant's Signature: _____ Date: _____
Leasing Agent: _____ Date: _____

*****Office Use Only*****

Date _____ Building _____ Unit _____ 1BR 2BR 3BR ST
Rent _____ Deposit _____ Lease Term _____ Move in date _____
Application Fee _____ Rent _____

Amount Date FOP
Security Deposit

Amount Date FOP Description
Other

Amount Date FOP

Amount Date FOP Description