

Kent Property Group
421 Amos Rd.
Shelbyville, IN 46176
317-392-2181

Instructions for the Application Process

-Include cash, check, or money order for \$30.00 made payable to Kent Property Group.

-Include the following items

- Photo Id copy
- Recent paycheck stub that shows year to date gross
- Make sure you include the phone numbers for your employer and current landlord. **If information is not included and verification cannot be made the application will be automatically denied.**

-Return all information to one of the following:

- Kent Property Group at 421 Amos Rd. Shelbyville, IN 46176
- Fax: 317-392-2070
- Email: jen@kentpropertygroup.com

Please allow 5 Business Days for approval once received.

Upon approval, please note, you will need the deposit (one months rent) , pro rated rent, and any other payments stated in the agreement before signing the lease. All persons living in the household over the age of 18 **must** sign the lease. All person living in household must be included on application. If they are not included and found to be living in the home without an approved application eviction will be files.

Date _____

Property Applying For: _____

Applicant _____ Date of Birth _____

Social Security Number _____

Present Address _____ City _____ State _____ Zip _____

Phone Number _____ How long at above address? _____

Present Landlord or Mortgage _____ Phone # _____

Landlord's Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord (If less than two years) _____ Phone # _____

Co-Applicant _____ Date of Birth _____

Social Security Number _____

Present Address _____ City _____ State _____ Zip _____

Phone Number _____ How long at above address? _____

Present Landlord or Mortgage _____ Phone # _____

Landlord's Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord (If less than two years) _____ Phone # _____

Why are you moving?

Employment

Applicant's Employer _____ How long _____

Employer's Address _____ Phone No. _____

Position Held _____ Salary\$ _____ per week/annual

Previous Employer _____ How long _____

Co-Applicant's Employer _____ How long _____

Employer's Address _____ Phone No. _____

Position Held _____ Salary\$ _____ per week/annual

Other Income: Yes or No If yes source _____ Amount \$ _____ week/month

Banking and Credit References

Bank _____ Branch _____

Checking Account # _____ Savings Account # _____

Other Information

Have you ever been evicted? Yes _____ No _____

Have you ever been arrested or served a jail sentence? Yes _____ No _____

If you answer yes to the above, please attach explanation.

Total number of occupants to reside in home? _____

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Vehicles Type (Model) Year Color License Plate Number

1. _____
2. _____
3. _____

Pets (Dogs and Cats) Breed Color Weight Age Name

1. _____
2. _____

In case of emergency notify _____

Relationship _____ Phone Number _____

Address of above _____

I authorize the release of any information contained herein to the provider of this application including but not limited to: credit reports, criminal history, judgment history, landlord history, and any other information provided.

I agree that there will be a \$30.00 non-refundable application fee made payable to Kent Property Group, Inc. and the application process will not begin until said fee is paid. No application is final until personal interview has been made and acceptance given by a representative of the Lessor.

We do business according to the Federal Fair Housing Law and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

Signature of Applicant

Date

Drivers License Number

Signature of Co-Applicant

Date

Drivers License Number

The following are the names, birth dates, and social security numbers of **all** of the residents of the above lot number. Include first and last names please. If there are any changes please notify the Park Office.

First Name and Last Name

Date of Birth

Social Security No.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equal Housing Opportunity

Kent Property Group
421 Amos Rd.
Shelbyville, In 46176
317-392-2181 Fax: 317-392-2070
LANDLORD RENTAL VERIFICATION

**By signing this form, I/We (the applicant(s)) give authorization to Kent Property Group, Inc. to request and review any information given by a present or past landlord. Furthermore, I/We understand that the gathered information will be taken into consideration for the approval or denial of this application.*

Applicant _____ Co-Applicant _____

Date: _____

Current Landlord OR Previous Landlord (circle one)

To: _____

Office Telephone: _____

Fax: _____

Regarding: _____

Address: _____

STOP! DO NOT FILL OUT BELOW. THIS IS FOR YOUR LANDLORD TO FILL OUT.

A former/current resident of yours has applied to live at _____. Please complete the information below and return as quickly as possible. THANK YOU!

Move-in Date: _____ Move-out Date: _____ Lease Term: From _____ To _____

Total Occupants in Household: _____ Number of Adults: _____ Number of Children: _____

Amount of Monthly Rent: \$ _____ Is/Was rent paid on time? Yes No

Number of Late Payments: _____ Number of checks returned: _____

Was/Is this resident under eviction for any reason? Yes No If Yes, please explain:

Was/Has proper notice been given to vacate? Yes No

If No, was notice required? _____ Days

Does this resident have any pets? Yes No If Yes, have you had any problems or damages?

During residency, were any complaints received in reference to this resident? Yes No

If Yes, please explain:

Any money owed at this date? Yes No If Yes, Amount \$ _____

Signature: _____ Date: _____

Print Name: _____ Telephone #: _____

PLEASE EMAIL TO jen@kentpropertygroup.com OR FAX TO 317-392-2070 ATTN: JEN GRIMES

WARNING: SECTION 1010 OF TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

EMPLOYMENT VERIFICATION

Date: _____

Dear Employer,

The employee named below has applied for tenancy in our community. In order to process this application, we ask your assistance in supplying us with the information requested below.

Applicant's Name: _____
Address: _____

Social Security #: _____

Applicant's Signature: _____

STOP! DO NOT FILL OUT BELOW. THIS IS FOR YOUR EMPLOYER.

1. Date of Employment (MM/DD/YY): _____
2. Position: _____
3. Temporary or Permanent: _____
4. Full or Part Time: _____
5. Gross Weekly Income: _____

Completed By: _____
Title: _____
Phone: _____ Fax: _____
Signature: _____

Your cooperation in supplying us with a quick response would be appreciated. Please return this response to:

EMAIL TO jen@kentpropertygroup.com OR FAX TO 317-392-2070 ATTN: JEN GRIMES

Thank you,
Jen Grimes
Operations Manager