



**Abney Lake Apartments & Townhomes**

3451 Sherburne Lane, Indianapolis, IN 46222  
 317.923.1374 - Fax: 317.923.3767

For Office Use Only	
Move In Date: _____	Size: _____
Address: _____	Unit: _____
Lease Term: _____	Rental Rate: _____
Security Deposit: _____	App Fee: <b>\$35.00</b>
Referred By: _____	Agent: _____

**Personal Information**

Full Name of Applicant	Social Security Number	Date of Birth	Driver's License No. & State Issued
E-Mail Address	Home Phone #	Cell Phone #	County of Residence

**List all additional occupants**

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

**Rental/Mortgage-Landlord Information**

**Current Address:** Check One  Apartment  Leased Home  Own Home/Mortgage  Other: Please explain

Street Address	Apt. #	City	State	Zip
Landlord/Mortgage Company	Monthly Rent or Mortgage Amount		Date of Occupancy	
Landlord/Mortgage Company Address	Landlord/Mortgage Company Phone		Is Landlord a relative <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Relationship:	
Have you ever been involved with eviction or foreclosure proceedings: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please explain below	

**Previous Address:** Check One  Apartment  Leased Home  Own Home/Mortgage  Other: Please explain

Street Address	Apt. #	City	State	Zip
Landlord/Mortgage Company	Monthly Rent or Mortgage Amount		Date of Occupancy	
Landlord/Mortgage Company Address	Landlord/Mortgage Company Phone		Is Landlord a relative <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Relationship:	

**Employment Information**

Current Employer *		Address	Phone #	Fax #
Position/Title	Department	Gross Monthly Income \$	Dates of Employment From _____ To _____	

Supervisor's Name & Phone Number if different from above **To qualify, Gross income from all sources must meet or exceed three times the monthly rental rate for the apartment type.**

**Other Income:** Please list all other sources of income and amounts to be considered when processing this application. Sources may include, but are not limited to: child support (if paid through the court), alimony, social security benefits, etc.

Previous Employer		Address	Phone #	Fax #
Position/Title	Department	Gross Monthly Income \$	Dates of Employment From _____ To _____	

Supervisor's Name & Phone Number if different from above **\* If self employed, a copy of the previous year's tax return will be required.**

