



SC Bodner Company, Inc.

Nationwide Apartment Owners, Developers, and Managers

RENTAL APPLICATION

Phone: 317.536.2000		Fax: 317.663.1077		FOR OFFICE USE ONLY	
Apartment Address:		Apartment Type:		Property Name:	
				Deposit:	
				Date:	
				Rate:	

Applicant's Name (Please Print) _____ Social Security Number _____ Date of Birth _____ Age _____

Co-App (Co-App MUST complete separate application). _____ Other Occupants (include ages of minor children) _____

Other Occupants (include ages of minor children) _____ Other Occupants (include ages of minor children) _____

Have you ever been convicted of a crime? (circle one) YES NO

CURRENT ADDRESS

Current Address _____ City _____ State _____ Zip _____ Telephone _____

Owner's Name _____ Phone _____ Address _____ How Long? _____

EMPLOYMENT HISTORY

Current Employer _____ Position _____ Supervisor _____

Phone Number _____ Monthly Gross Income _____ How Long? _____

AUTOMOBILE

Vehicle #1 (Make/Model/Year) _____ License # _____

Vehicle #2 (Make/Model/Year) _____ License# _____

PET INFORMATION

Pet Name _____ Breed _____ Weight _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Address _____ Phone Number _____ Relationship _____

APPLICANT HEREBY REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

It is my understanding that this application is preliminary only and involves no obligation of the owners or its agents to approve it or to deliver occupancy of the proposed premises. The applicant appearing below hereby authorizes the holder of this application to investigate the current and past history of applicant's occupancy, employment and whatever credit bureaus, criminal reports or other sources available, that the owner or agent deems necessary in determining the approval of the application. I also understand that Credit Bureau or SC Bodner Company will be obtaining all reports and verifications on the owner's behalf. I also understand that the application fee is non refundable; and that the partial/full deposit submitted is: non refundable 48 hours after submission, or will be applied to security deposit upon approval, or will be returned in full if denied. SC Bodner Company and its agents do not discriminate based on race, color, religion, sex, familial status or national origin. By signing below, the applicant understands that any false information given to SC Bodner Company on this application will result in an automatic rejection of the application.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Management Representative Signature: _____ Date: _____

OFFICE ONLY	EMPLOYMENT (ANNUAL SALARY)	CURRENT ADDRESS	DEPOSIT PAID	CREDIT SCORE	MANAGER APPROVAL
BY (Initial)					
DATE					





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REQUEST FOR VERIFICATION OF EMPLOYMENT

Fill out top portion and return to your SC Bodner agent.

Date: _____

I, _____ authorize my current/past employer to release the requested information. I understand this is to help determine my residency at with an SC Bodner Company Development.

Signature _____ Date _____

Current/Future Employer _____

Contact Name _____

Telephone Number _____

Fax Number _____

To Whom It May Concern:

The person listed above has recently applied for residency with an SC Bodner Company property, in order for us to complete the application process we need your help to verify the information listed below. Should you have any questions, please feel free to contact our office (317) 536.2000. Thank you for your anticipated cooperation and prompt attention to this matter.

Employee: _____ SSN: _____

Dates of Employment: From: _____ To: _____

Occupation/Title: _____

Salary/Wage: _____ Per: _____

Hours Per Week: _____ Commission _____

Comments _____

Employer: _____

Printed Name: _____

Title: _____

Signature _____





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REQUEST FOR VERIFICATION OF RESIDENCY

Fill out top portion and return to SC Bodner agent.

Date: _____

I, _____ authorize my current/past landlord to release the requested information. I understand this is to help determine my residency at an SC Bodner Company Development.

Signature _____ Date _____

Previous Landlord _____

Contact Name _____

Telephone Number _____

Fax Number _____

To Whom It May Concern:

The person listed above has recently applied for residency with an SC Bodner Company property. We would appreciate your cooperation in providing us with the information listed below. Should you have any questions, please fee free to contact our office (317)536.2000. Thank you for your anticipated cooperation and prompt attention to this matter.

Address: _____

Dates of Occupancy: _____ From: _____ To: _____

Rental Amount: \$ _____ Is rent in arrears? _____ How much? _____

Did you receive any noise/other complaints? _____

Would you re-rent/renew to this person? _____ If no, please explain: _____

Landlord Name: _____

Agent's Signature: _____

Title: _____

Date _____





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Fill out information below return to your SC Bodner Company agent on or prior to your move-in date.

ELECTRIC UTILITY VERIFICATION

1. Please call and transfer the electric service into your name prior to moving in.
2. Then fill out the following information and return to your agent.

Resident Name: _____

Resident Address: _____

_____ City _____ State _____ Zip

Phone #: ()

DPL Account #

Date Turned Over _____

RENTAL INSURANCE VERIFICATION

Please fill out the following information and return to SC Bodner Company **prior to moving in**:

Agency Name: _____

Phone #: () _____

Policy # _____

Deck Sheet Attached: Yes No

Effective Date: _____

Resident Signature: _____

Agent: _____

