

Community Rentals

2349 Yeager Road, P.O. Box 2338
West Lafayette, Indiana 47906-2338
Phone: (765) 463-0924
Fax: (765) 463-0924

Rental Application

Highland Court Apartments | Community Rentals

Thank you for your interest in Community Rentals! Please help us processing your application by providing all of the information below

Please Tell Us About Yourself

Applicant's Full Name

Phone Number

Date of Birth

Drivers License Number

Drivers License State

Name of Co-Applicant (If Applicable)

Other Occupants (if applicable)

Other Occupants' Relationship to You

Do You Have Any Pets?

Do You Smoke Tobacco Products?

Automobile:

Year:

State

License Tag

In Case of Emergency, Notify:

Relationship

Are You A Registered Sex or Violent Crime Offender?

Please Give Your Residence History

Current Address

How Long Have You Lived At Current Address?

Current Amount of Rent

Reason for Moving

Owner or Agent Name

Phone Number of Owner or Agent

Are You Currently:

If Yes, Please Explain

- Being Evicted from Tenancy
- Not Being Allowed to Renew Your Current Lease
- Breaking Your Current Lease?

**Current landlord contact information must be completed*

Please Provide Your Employment Information

Employment Status

School

Major

Year

Full-Time

Part-Time

Graduate Student

Undergrad Student

Employed By

How Long?

Supervisor Name

Phone Number

Household Income

Per Week, Month, or Year?

If there are other sources of income (student loans, scholarships, savings, ect.) you would like us to consider, please list income, source, and person who we could contact for confirmation. You do NOT have to reveal alimony or child support unless you want us to consider it.

Amount

Source

Please List Your Bank and Credit Information

Your Bank

Branch

Applicant's Largest Creditor (car loan, credit card, ect.)

Monthly Amount

Have You Ever:

Been evicted from tenancy or broken a rental agreement?

Yes

No

Wilfully or intentionally refused to pay rent when due?

Yes

No

I hereby make application for an apartment and certify that the above information is correct. I authorize you to contact any references listed.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____