

ODANIEL RANES INC.
1717 Lodge Ave.
Evansville Ind. 47714

Thank you for your interest in Colonial Manor Apartments. This information sheet will tell you what you need to return with your completed application. Please call with any questions that you may have before returning your application.

- 1) You must be 19 years of age to apply
- 2) One month CURRENT paystubs must be returned with your application:
 - TWO (2) weeks if your paid bi-weekly
 - FOUR (4) weeks if your paid weekly
- 3) If you receive any type of disability/ssi/ss benefits you must present your award letter for such
- 4) Application fee is \$25.00 for any single applicant applying. \$35.00 for married. **MONEY ORDER OR CASHIERS CHECK ONLY!!! Fee is NON-REFUNABLE for any reason**
- 5) Our income guidelines are as follows:
 - Any one individual 19yrs old or older must GROSS \$1600/month
 - Any one individual and one (1) child must GROSS \$1700/month
 - Each additional child, add \$100.00/ month to the gross income
 - Married couples must GROSS \$1700/month. Add \$100.00/month per Child
- 6) If application is approved, applicant **MUST** provide proof of Renters Ins of \$100,000 liability and will be required to have utilities in their name. Upon putting the required deposit down for the unit, you will have an address to provide Vectren and your insurance agent

MONTHLY RENT IS \$510.00
DEPOSIT IS \$500.00

1717 S. Lodge Ave.
 Evansville, IN 47714
 (812) 477-3037

O'DANIEL RANES APTS, LLC

APPLICATION FOR APARTMENT RENTAL



Mr. Applicant's Last Name		First		Middle Name		Area code-Phone									
Social Security Number		Date of Birth		Driver's License No. & State											
Marital Status		Married		Separated		Widowed		Divorced		Single					
Spouse's Name				Maiden Name				Phone Number							
Spouse's Social Security No.				Spouse's Date of Birth				Spouse's Drivers License Number & State							
Names of any child 18 years or younger and date of birth.															
(4 YEARS OF RESIDENT HISTORY)															
PRESENT ADDRESS		Number		Street		City		State		Zip Code		<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long?	
LANDLORD OR MORTGAGE HOLDER								Rental Amt.		Landlord Phone					
PREVIOUS ADDRESS		Number		Street		City		State		Zip Code		<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long?	
LANDLORD OR MORTGAGE HOLDER								Rental Amt.		Landlord Phone					
PREVIOUS ADDRESS		Number		Street		City		State		Zip Code		<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long?	
LANDLORD OR MORTGAGE HOLDER								Rental Amt.		Landlord Phone					
APPLICANT EMPLOYMENT				Supervisor's Name				How Long?							
Address		City		State		Zip		Phone		Position Held		\$ Salary			
SPOUSE EMPLOYMENT				Supervisor's Name				How Long?							
Address		City		State		Zip		Phone		Position Held		\$ Salary			
ADDITIONAL INCOME												\$ _____		<input type="checkbox"/> Year <input type="checkbox"/> Month	
Source of Other Income: _____															
Auto No. 1 - Type				License Plate No.				State		Monthly Pmt.					
Auto No. 2 - Type				License Plate No.				State		Monthly Pmt.					
Applicant's Nearest Relative		Relationship		Address		City		State		Zip		Phone Number			
In Case of Emergency Call		Relationship		Address		City		State		Zip		Phone Number			

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILY STATUS, OR NATIONAL ORIGIN

I affirm under penalties of perjury that the above information is true and complete and that anything false or incomplete will cause denial of my application and be a breach of my lease if I lease. I authorize Landlord and its agents to conduct investigations, inquiries and verifications from public or private sources it finds appropriate to make a decision on whether to lease, including employment, income and housing histories, credit, references and court records. I Release Landlord, its agent and attorneys of and from any and all allegations claims, causes of action of any kind or nature whatsoever in any way growing out of or connected with this application, investigation, inquiry or verification whether known or unknown, anticipated or unanticipated, discoverable or non-discoverable, present or future. I INDEMNIFY AND SAVE HARMLESS LANDLORD, ITS AGENTS AND ATTORNEYS FROM ANY SUCH CLAIMS BY ANYONE GROWING OUT OF THE ABOVE WHETHER ARISING DIRECT, BY SUBROGATION, ASSIGNMENT OR OTHERWISE, AND THAT THIS RIGHT OF INDEMNITY INCLUDES, BUT NOT BY WAY OF LIMITATION, LANDLORD'S ATTORNEY FEES AND ALL OTHER COST.

X SIGNED _____ SIGNED _____ DATED _____
 Applicant Spouse

Non-Refundable Process Fee \$25.00 Single Fee Paid _____
 \$35.00 Married Date Paid _____

 MANAGER OR/AUTHORIZED AGENT

MONEY ORDER ONLY

ADDENDUM TO RENTAL APPLICATION

1) Have you ever been evicted or asked to move?

YES _____ NO

If YES, give name of:

Apartment Complex/Landlord _____

Address _____

Dates _____

2) Have you ever broken a rental agreement of any kind?

YES _____ NO

If YES, give name of:

Apartment Complex/Landlord _____

Address _____

Dates _____

3) Have you ever been arrested and or convicted of a crime or felony?

YES _____ NO _____

If YES, give dates and details: