

L & L INVESTORS GROUP, LLC
359 W. LINCOLNWAY
VALPARAISO, IN. 46383
PHONE (219) 464-4950
FAX (219) 531-2865

RENTAL APPLICATION
(To be submitted in person)

Apt. address: _____ Date of Application: _____
_____ Date Apt. Desired: _____

Amount of Rent: _____

Birthdate: _____

Name: _____ SS# _____

Present Address: _____

City _____ State _____ zip code _____

Residence Phone: _____ Cell Phone: _____ Rent per Month _____

Employer: _____ Occupation: _____

Length of time: _____ Salary: _____ Work phone: _____

Immediate supervisor: _____

Additional income: _____

Previous employer: _____ Length of time _____

Present Landlord: _____ Phone no. _____

Address: _____

Have you previously been evicted by a rental community Yes _____ No _____

If yes, please explain: _____

Persons who will occupy apartment:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Reason for moving: _____

Bank: _____ Checking: _____ Savings: _____

Car (make & model) _____ License Plate No. _____

In whose name is it registered? _____

IN CASE OF EMERGENCY, notify next of kin (Local, if possible)

Name: _____ Phone no. _____

Address: _____ Relationship: _____

The Undersigned hereby makes application to: _____, LLC as Rental Agent for the lease of an apartment, at the monthly rate of \$ _____

Payable monthly in advance on the first day of each month, for a term of _____

And request occupancy as of _____, 20____. As an inducement to L & L Investors Group, LLC to accept this application, the undersigned hereby represents and swears under oath and upon the penalties of perjury that all facts stated in this entire application are true and authorizes L & L Investors Group, LLC to verify any information contained herein and make such other investigation as it shall deem necessary to determine the undersigned's financial and credit standing and moral character, including the investigation of my credit, criminal, and/or employment history, through public records, a reporting agency or otherwise. I further authorize the release of any information relevant to such investigation by any person or entity possessing such information.

NO PETS ARE PERMITTED

After Apartment selection a deposit of \$ _____ will be required for the purpose of holding said apartment. It is agreed this deposit will be accredited to the security deposit stated in the Lease agreement. If for any reason the undersigned does not take the apartment, the deposit may be forfeited.

This will certify that only those mentioned in this application will occupy premises.

Applicant signature _____ Date _____

SECURITY DEPOSIT AGREEMENT

Refund of security deposit will be contingent on four factors:

1. The condition of premises and contents as described in the Move-In Inventory
2. The compliance of the resident with all rules and regulations as set forth by the owner or his agent
3. The completion of term of residence as stated in the Apartment contract
4. Reasonable performance of the Move-out cleaning as stated in the Instructions below

The forfeit of security deposit in part or in full can also result from any default of the Apartment Rental Contract.

Resident's Signature

MOVE-OUT CLEANING INSTRUCTIONS

Please clean all wall, floorboards, range (including the oven), refrigerator, kitchen and bathroom floors, sinks, toilet, tub, cabinets, closets, inside windows, turn refrigerator off and leave the door opened.

Please vacuum and shampoo all carpeting after furniture has been removed.

Be prepared to return all keys that were issued as well as any duplicates you have made.

PLEASE READ CAREFULLY- APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge I understand that if accepted, falsified statements on this application shall be considered sufficient cause for eviction. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice. You are also authorized to release to other parties information on my payment history as a tenant of yours.

DATE

SIGNATURE OF APPLICANT

APPLICATION RECEIVED BY

APPROVED BY