



# Bristol Square Apartments

10333 East 25th Street • Indianapolis, Indiana 46229 • Toll-Free: (866) 663-4071 • Fax: (317) 894-4933 • Email: info@bristolsquareapts.com

## APPLICATION FOR OCCUPANCY

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Marital Status \_\_\_\_\_ Size Apartment Desired \_\_\_\_\_

### All Persons to Occupy Apartment

	Full Name	Relationship to Applicant	Date of Birth	Social Security Number
1.	_____	<b>Applicant</b>	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Present Address \_\_\_\_\_  
Street Apt.# City State Zip

Landlord or Mortgage Holder \_\_\_\_\_  
Street City State ( ) Phone

Monthly Payment \$ \_\_\_\_\_ Length of Occupancy \_\_\_\_\_ yrs. mos. Lease Expires \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street Apt.# City State Zip

Landlord or Mortgage Holder \_\_\_\_\_  
Street City State ( ) Phone

Length of Occupancy \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Have You Ever Lived in this Apartment Community Before? \_\_\_\_\_ If Yes, Under What Name? \_\_\_\_\_

At What Address \_\_\_\_\_ Dates \_\_\_\_\_

Have You Ever Been or Are You Now Being Subject to Eviction Proceedings? \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Other Income Sources \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Monthly Income\$ \_\_\_\_\_ Other Income Sources \_\_\_\_\_

Credit References: Name Address Account #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Bank Reference:

Name of Bank: \_\_\_\_\_ Address \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_



# Bristol Square Apartments

10333 East 25th Street • Indianapolis, Indiana 46229 • Toll-Free: (866) 663-4071 • Fax: (317) 894-4933 • Email: info@bristolsquareapts.com

Motor Vehicles:	Year	Model	Color	Vehicle License Plate #
Automobile(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____

**Persons to Contact in Case of Emergency:**

Name _____	Address _____
Phone # _____	Relationship _____
Name _____	Address _____
Phone # _____	Relationship _____

I hereby apply for an apartment and I understand and agree that:

- (1) My deposit is earnest money which I will forfeit after you accept my application if I fail to execute your lease unless I give notice of my intent not to occupy at least fifteen days prior to scheduled move-in date.
- (2) My deposit will be refunded if my application is rejected by you.
- (3) NO DOGS OR CATS are permitted in the apartment I am to occupy without prior approval of landlord.
- (4) Occupancy is restricted to those individuals listed on this application.
- (5) Approval of this application is contingent upon residents(s) being able to obtain utility services(s) in their name.
- (6) Application fee is non-refundable.

I certify that all of the above statements are true and complete. Inquiries may be made to verify the statements herein. I understand that a credit report may be made to establish my eligibility for an apartment and my signature below authorizes the investigation.

Date _____	Signature _____
	Signature _____

Application Received By \_\_\_\_\_ Title \_\_\_\_\_