

Bluffton Park Apartments

3047 Boardwalk Circle
Fort Wayne, IN 46809
260-449-9486

Anticipated Move-in Date: _____

Unit: _____

Monthly Rent: _____

Applicant 1 General Information

Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Phone 1: _____ Phone 2: _____

Current Address: _____

Own _____ Rent _____ How Long? _____

Landlords Name: _____

Landlords Phone: _____

Previous Address: _____

Own _____ Rent _____ How Long? _____

Landlords Name: _____

Landlords Phone: _____

Dependents

Name: _____

DOB: _____ SSN (if 18+): _____

Name: _____

DOB: _____ SSN (if 18+): _____

Name: _____

DOB: _____ SSN (if 18+): _____

Credit/Rental History

Have you declared bankruptcy in the past seven years?

Yes _____ No _____

Have you ever been evicted from a rental residence?

Yes _____ No _____

Have you had two or more late rental payments in the past twelve months?

Yes _____ No _____

Emergency Contact

Name: _____

Address: _____

Phone: _____

Relationship: _____

Applicant 2 General Information

Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Phone 1: _____ Phone 2: _____

Current Address: _____

Own _____ Rent _____ How Long? _____

Landlords Name: _____

Landlords Phone: _____

Previous Address: _____

Own _____ Rent _____ How Long? _____

Landlords Name: _____

Landlords Phone: _____

Dependents

Name: _____

DOB: _____ SSN (if 18+): _____

Name: _____

DOB: _____ SSN (if 18+): _____

Name: _____

DOB: _____ SSN (if 18+): _____

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Applicant 1 Employment

Full-time ___ Part Time ___ Student ___ Unemployed ___
Employer: _____
Dates of Employment: _____
Job Title: _____
Supervisor Name: _____
Supervisor Phone: _____
Salary/Wage: _____

If employed by above less than twelve months, please give name and contact information for previous employer/school.
Employer: _____
Phone: _____

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

Printed Name

Signature

Date

Applicant 2 Employment

Full-time ___ Part Time ___ Student ___ Unemployed ___
Employer: _____
Dates of Employment: _____
Job Title: _____
Supervisor Name: _____
Supervisor Phone: _____
Salary/Wage: _____

If employed by above less than twelve months, please give name and contact information for previous employer/school.
Employer: _____
Phone: _____

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

Printed Name

Signature

Date

**AUTHORIZATION, RELEASE OF INFORMATION:
I AGREE TO PERMIT AN INVESTIGATION OF MY CREDIT,
TENANT HISTORY, BANKING, EMPLOYMENT AND CRIMINAL
HISTORY FOR THE PURPOSE OF RENTING AN APARTMENT
WITH THIS OWNER/MANAGER**

Printed Name

Signature

Date

**AUTHORIZATION, RELEASE OF INFORMATION:
I AGREE TO PERMIT AN INVESTIGATION OF MY CREDIT,
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WITH THIS OWNER/MANAGER**

Printed Name

Signature

Date

OFFICE USE ONLY

Photo ID _____ Employment Verification _____
Rental Verification _____ Background Order # _____
Credit Score _____ Application Fee _____
Holding Fee/Security Deposit _____

OFFICE USE ONLY

Photo ID _____ Employment Verification _____
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