

Martin Property Management, LLC  
765-606-4324

PERSONAL INFORMATION				
Applicant	Name		Home Phone Number	Date of Birth
	Soc. Sec. #	Driver's License Number	State Issued	Email
Co-Applicant	Name		Home Phone Number	Date of Birth
	Soc. Sec. #	Driver's License Number	State Issued	Email

Please name all others who will be occupying the unit			
Name	Date of birth	Soc. Sec. #	Relationship
Name	Date of birth	Soc. Sec. #	Relationship

RESIDENT HISTORY					
Applicant	Present Home: <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Owned Home <input type="checkbox"/> Other:				
	Present Street Address:		Apt	City	State & ZIP
	Present Landlord		Monthly rent	Time at address: Year(s)    Month(s)	
	Address of Landlord			Landlord phone	
Co-Applicant	Present Home: <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Owned Home <input type="checkbox"/> Other:				
	Present Street Address:		Apt	City	State & ZIP
	Present Landlord		Monthly rent	Time at address: Year(s)    Month(s)	
	Address of Landlord			Landlord phone	

FINANCIAL INFORMATION			
App	Banking Instiution	Account Number	Type of account
Co-App	Banking Instiution	Account Number	Type of account

**EMPLOYMENT HISTORY**

<b>Applicant</b>	Current Employer			
	Address	City	State & ZIP	
	Phone Number	Supervisor		
	Job Title	Employment Dates to	Gross Income	
	Previous Employer (if less than six months with current employer)			
	Address	City	State & ZIP	
	Phone Number	Supervisor		
	Job Title	Employment Dates to	Gross Income	
	<b>Co-Applicant</b>	Current Employer		
		Address	City	State & ZIP
Phone Number		Supervisor		
Job Title		Employment Dates to	Gross Income	
Previous Employer (if less than six months with current employer)				
Address		City	State & ZIP	
Phone Number		Supervisor		
Job Title		Employment Dates to	Gross Income	

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## LANDLORD VERIFICATION

Martin Property Management, LLC is reviewing the applicant's eligibility for a rental property. In order to complete this evaluation, we need to review the applicant's rental payment history and care of prior rental. We appreciate your cooperation.

Applicants' Names: \_\_\_\_\_

I hereby authorize Martin Property Management, LLC or its agent to verify any of the information contained in this application including but not limited to employment, rental history, credit history, and criminal background.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### TO BE COMPLETED BY LANDLORD

Please complete the following form and return to:

*Martin Property Management, LLC*

*PO Box 573*

*Bargersville, IN 46106*

*Phone: 765-606-4324*

[emily@martinpropertymgmt.com](mailto:emily@martinpropertymgmt.com)

Dates of occupancy \_\_\_\_\_

Rent Amount \_\_\_\_\_

Did tenant forfeit any of his/her security deposit? \_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

### PAYMENT HISTORY

\_\_\_ Always pay on or before due date

\_\_\_ Pays over 30 days late. Number of late occurrences \_\_\_\_\_

\_\_\_ Generally stay behind schedule

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date