CRI Property Management P.O. Box 36268 Indianapolis, In. 46236

RESIDENTIAL APPLICATION

Neatly complete all inf	ormation below. All app	licants over the age	of 18 must con	nplete and sign	their own application.
Applicants full name		Pho	one #		
DOB	Email Address	5			
Social Security #	Drivers License #			State	Exp
Current Address		City		State	Zip
Current Landlord Name/Mortgage Company					
Landlords Phone #		Monthly Rent/M	ortgage		
How long at this address	Reason for le	aving			
Previous Address(If less than 3 years at current a	ddress)	City		State	Zip
Previous Landlords Name/M	ortgage Company				
Landlords Phone #		Monthly Rent/M	ortgage		
How long at this address	Reason for le	aving			
Auto YrMake	Model		State/License	e Plate #	
Present Employer		Position		Mo. Incom	ne*
Phone #	_How long at job	Other inco	me/source		
Employers Address			City		State
Have you ever been party to	an eviction? [] Yes [] No			
Total number of adults Total number of children living with you under the age of 18					
Total number of pets	Туре				
Emergency Contact Name			Ph	one #	

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for screening as may be necessary in arriving at a decision; I understand that CRI Property Management may terminate any agreement entered into for any misrepresentations made above.

I authorize CRI Property Management to obtain my consumer credit report and public records and to investigate any personal information on me necessary to arrive at an applicant decision.

Signature_____Date_____

*PLEASE INCLUDE COPIES OF TWO MOST RECENT PAYSTUBS