

Please use drop down to the right and select the property you are interested in. Thank you!

If using Internet Explorer
attach form to email
mary@renewingmanagement.com
If using Google Chrome
Please print and fax to
219-979-5131

Renewing Management, Inc
Criminal Activity is Strictly Prohibited

A. Resident, any member of Resident's household, Resident guest or other person under Resident's control, shall not:

(i) Engage in criminal activity, including drug-related criminal activity, in or near the Apartment Community. "**Drug-related criminal activity**" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance (as defined in Section 802 of Title 21 of the United States Code);

(ii) Engage in an act intended to facilitate criminal activity, including a Drug-related criminal activity, in or near the Apartment Community;

(iii) Permit the Apartment to be used for or to facilitate criminal activity, including Drug-related criminal activity, regardless of whether the individual engaging in such activity is Resident, a member of Resident's household or a guest;

(iv) Engage in the unlawful manufacturing, selling, using, storing, keeping or giving of a controlled substance (as set forth in IND. CODE 35-48 *et seq.*) at any location, whether in or near the Apartment Community or otherwise;

(v) Engage in any other illegal activity, including but not limited to (a) unlawful discharge of firearms in or near the Apartment Community; and (b) any other activity that otherwise jeopardizes the health, safety, and welfare of Owner, its agents, employees, invitees or licensees, or other residents or their guests; and (c) any other activity that involves imminent or actual property damage.

(vi) **ANTI-TERRORISM REPRESENTATION.** Resident represents and warrants to Owner that Resident is not, and shall not become, a person or entity with whom Owner is prohibited from dealing or engaging in transactions (a "**Prohibited Party**") under: (i) Executive Order 13224 – Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten to Commit, or Support Terrorism, effective as of September 24, 2001 (including, but not limited to, those persons and entities named on the Annex attached thereto), (ii) anti-terrorist sanction regulations implemented by the Office of Foreign Assets Control, U.S. Department of Treasury ("**OFAC**") (including, but not limited to, those persons and entities named on the OFAC's Specially Designated Nationals and Blocked Persons list), or (iii) any other regulation, statute, executive order, or governmental action. Resident further represents and warrants that Resident is not and shall not engage in any dealings or transactions or be otherwise associated with a Prohibited Party.

B. VIOLATION OF ANY ONE (1) OF THE ABOVE PROVISIONS SHALL BE CONSIDERED AN EVENT OF DEFAULT HEREUNDER AND GROUNDS FOR IMMEDIATE TERMINATION OF THIS LEASE, regardless of whether or not the violation occurs on the property or off of the property. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

Signature Date

Signature Date

By checking this box I verify this is my electronic signature and you may proceed with the application.



RENEWING MANAGEMENT RENTAL APPLICATION

Name: **Renewing Management, Inc** Address: **4529 Columbus Ave, Anderson, IN 46013** Phone: **(765) 644-6618** Fax: **219-979-5131** Email: **mary@renewingmanagement.com**

Full name of Applicant :	Home Phone: Work Phone: Cell Phone:	Date of Birth: Email:
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Social Security #:	Drivers License & State:	Marital Status: (please check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
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Full Name of Co-Applicant	Home Phone:	Date of Birth:
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Social Security #:	Drivers License & State:	Marital Status: (please check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
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Please List ALL Others Who Will Occupy Home

Name:	Date of Birth:	Social Security #:	Relationship:
Name:	Date of Birth:	Social Security #:	Relationship:
Name:	Date of Birth:	Social Security #:	Relationship:
Name:	Date of Birth:	Social Security #:	Relationship:

RENTAL/MORTGAGE INFORMATION **If additional space is needed, please attach a separate page. Must Have 2 Years of Continuous History.**

Present Street Address	Apt. #	City	State	Zip
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Present landlord/mortgage company Name: Phone:	Monthly rent or mortgage Amount:	Lease Dates From: To:
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Reason For Moving:	Is Lease In Any Other Name? Please Explain: Is Landlord a Relative? Yes No
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Previous Street Address	Apt. #	City	State	Zip
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Previous landlord/mortgage company Name: Phone:	Monthly rent or mortgage	Lease Dates From: To:
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Reason For Moving:	Is Lease In Any Other Name? Please Explain: Is/Was Landlord a Relative? Yes No (Circle One)
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Have you ever been threatened with eviction? Yes No Have you ever been evicted? Yes No
If yes to either question, please explain:

Have you ever been convicted of a crime? Yes No Please Explain:

Do you currently have charges pending? Yes No Please Explain:

Renewing Management does not discriminate based on race, color, religion, sex, handicap, familial status, or national origin.

EMPLOYMENT INFORMATION		Must Have 2 Years of Continuous History.			
Current Employer		Address			
Position/Job Title	Gross Income	Length of Employment	Work Phone & Fax #'s		
Supervisor's Name		Additional Income (child support, alimony, Social Security, Pension, etc)			
Previous or Second Employer (Circle One)		Address			
Position/Job Title	Gross Income	Length of Employment	Work Phone & Fax #'s		
Supervisor's Name		Additional Income (child support, alimony, Social Security, Pension, etc)			
Make	Model	Year	Color	License Plate & State	
Make	Model	Year	Color	License Plate & State	
Will you be bringing a Pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Pet:		Description of Pet:		
In case of emergency, notify:	Home #	Work #	Relationship		
Address:		In the event of serious illness or death, the above mentioned person may <input type="checkbox"/> - may not <input type="checkbox"/> - enter, remove and/or store all contents found in the dwelling, common areas or mailbox.			
We DO NOT insure your personal property. Do you presently have personal property insurance?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Possession Desired?		Lease Term Desired?			
How did you FIRST hear about our community?					

APPLICATION FEE

Applicant has submitted the sum of \$_____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management, such sum is not a rental payment. In the event this application is disapproved, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application must be signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verification or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False or omitted information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy.

Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations.

Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, resident, any occupant, or any guest for failure to do so.

Your Reservation fee/deposit will be retained as a holding fee unless notification of cancellation of this application is made within 72 hours of signing the application.

Signature of Applicant Date

Signature of Co-Applciant Date

By checking this box I verify this is my electronic signature and you may proceed with the application.