## **FOUNTAIN VIEW APARTMENTS**

9614 DONA COURT CROWN POINT, INDIANA, 46307 TELEPHONE..219-663-8228 WEBSITE....WWW.FOUNTAINVIEWAPARTMENT.COM WWW.FOUNTAINVIEWRENTALS.COM

## Personal Information---PHOTO IDENTIFICATION REQUIRED

First Name	Middle	Intinal	
Last Name			
Social Security Number		Home Ph	none
Phone/ Cell	Phone/Work	Email a	ddress
Current Address			
Unit City	State		Zip Code
From/To			
Driver's License Number			
Date of Birth	_ Current Landlord		_
Landlord Phone			
Were you referred to us?	If s	o, please includ	e his/her name and address
How did you find out about us	:		
Are you a smoker			
Emergency Contact			
Relation			
Work Phone	Home Phone		
<b>Employment Informa</b>	<u>tion</u>		
Current Employer (Please provide a copy of chec	k stuh)	-	
Address		ıte	Zip Code
Length of Employment			
PositionContact			Salary
Other Income or Assets			•
Bank or other Institution			
Amount Account			Phone
Bank or other Institution			
AmountAcco			
*APPLICANT MUST INCOM			
Signatura INITIAI.	-		

Persons to Occupy Apartment	
# of Persons To Occupy Apartment	(Including Self)
Children Ages	_(If Applicable) Pets
Address Applying For :	Unit:
Monthly Rent:	Agent:
Lease From:	Lease To:
Security Deposit: \$	
Administrative Fee: \$	
Application Fee: \$	
well as verify any references given. that the deposit will be NOT be refu information, or fail to pay any outstandministrative fee are non-refundable.	ove statements are true and correct and do hereby give authorization. to run a credit check, as This process may be repeated at any time during the lease term. Applicant understands nded and will be held as liquidated damages, should applicant cancel lease, provide false unding balances on the date due. Applicant understands that application fee and se, color, religion, national origin, age, sex, familial status, handicap or sources of income.
Signature:	Date: