MADISON HEIGHTS

dogwoodmanagement.com

Cell: 812-701-2585
Office: 812-273-5057
Fax: 812-265-3614
MadHeightsApts@gmail.com

Application for Lease

Date of Application: _____
Applications are discarded after 6 months.

The following information will be submitted to prior landlords, court records, and credit agencies.

Full Legal Names of All Applicants:

1. Last _____ First _____ Middle ___

   Previous Legal Names: _____

   Birthdate _____ Phone _____

   E-mail _____

   Employer _____ Occupation _____

   Monthly Income (Before Taxes) _____

2. Last _____ First _____ Middle ___

   Previous Legal Names: _____

   Birthdate _____ Phone _____

   E-mail _____

   Employer _____ Occupation _____

   Monthly Income (Before Taxes) _____

Additional Occupants:

3. Name _____ Relationship _____ Age _____
4. Name _____ Relationship _____ Age _____
5. Name _____ Relationship _____ Age _____

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Current and Previous Addresses

Current Address: _____

How long at this address? _____Current Rent/Mortgage Payment _____

Current Landlord/Mortgagor: _____ Phone: _____

Reason for changing residence _____

Previous Address: _____

How long at this address? _____Current Rent/Mortgage Payment _____

Current Landlord/Mortgagor: _____ Phone: _____

Reason for Changing Residence _____

Miscellaneous Information

Date Apartment Needed _____ Number of Parking Spaces Needed _____

Do you have any pets? _____ How many? _____ What kind? _____

Do any applicants/occupants smoke? _____ *Please note, smoking is not permitted indoors. Lessees will be charged for smoke damage and cleaning.*

Type of Apartment Preferred (check all that apply)

Efficiency _____ One Bedroom _____ One Bedroom with Garage _____

Two Bedroom _____ Two Bedroom Townhouse _____ Three Bedroom _____

Is there anything else you would like to share?

Please sign the applicant signature line on the following page. ***Leave the remainder blank.***

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Rental Verification Request

A current or former resident of your community has applied for an apartment with us. We would appreciate the following information to complete our application process. Please return by email: madheightsapts@gmail.com or fax (812) 265-3614. Thank you for your prompt return.

Name of Community/Landlord: _____ Phone: _____

Resident's Name(s): _____

Address: _____ Occupancy Dates: _____

TO BE COMPLETED BY FORMER LANDLORD

Monthly rental rate: _____ Was this person ever served a notice to evict? ____

Number of Occupants: _____ Number of late payments? _____ Number of NSF? _____

Was the apartment vacated in good, clean, and undamaged condition? _____

If not, please explain: _____

Is the account in good standing? _____ Was proper notice to vacate given? _____

Complaints from neighbors?_____

_____

Would you re-rent to this person? _____ If not, please explain _____

_____

_____
Abby Suiter, Property Manager
Madison Heights
dogwoodmanagement.com
812-273-5057
madheightsapts@gmail.com

_____
Applicant Signature

_____
Previous Landlord/Representative Signature