



502 S. Logan St. Kewanna, IN 46939
eversenterprises@hotmail.com
574-329-2236 or 574-329-1844

Dear Applicant:

Enclosed, please find the application for Station House Apartment rentals. It is very important that you take your time and fill out all of the information on the application so that we can determine your eligibility. Please note that a background/credit check may be run as part of the application process. **Your application will be inactive until we receive all information required in its entirety.**

If you have any questions, please feel free to contact us. All apartment rentals are subject to availability. We look forward to the opportunity to meet with you soon to discuss a potential apartment.

Respectfully,

Evers Enterprise LLC

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Applicant Name _____ Social Security # _____

Current Address _____

_____ Address _____ City _____ State _____ Zip _____

() _____ () _____ () _____

Home Phone _____ Cell Phone _____ Work Phone _____

(/ /) \$ _____ Is your rent subsidized? ☐ Yes ☐ No

Date Moved into Current Address _____ Current Rent per month _____

Gender: ___ Male ___ Female ___ Prefer not to disclose Date of Birth: (/ /)

List all OTHER persons who will be occupying the apartment who are under the age of 18

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship	Social Security Number	Date of Birth	Gender
_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship	Social Security Number	Date of Birth	Gender
_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Relationship	Social Security Number	Date of Birth	Gender

CURRENT LANDLORD INFORMATION

_____	_____	_____	_____	_____	()
Name	Address	City	State	Zip	Telephone Number

LIST PREVIOUS LANDLORD INFORMATION FOR TOTAL OF 3 CONSECUTIVE YEARS

1.	_____
	Landlord Name Address City State Zip Phone
	Address where you previously lived City State Zip Dates lived at this address
2.	_____
	Landlord Name Address City State Zip Phone
	Address where you previously lived City State Zip Dates lived at this address
3.	_____
	Landlord Name Address City State Zip Phone
	Address where you previously lived City State Zip Dates lived at this address

LIST ADDITIONAL LANDLORD INFORMATION ON SEPARATE SHEET OF PAPER

Note: The following information is being requested for demographic compilation purposes only. Your response is voluntary. All responses will be treated in a confidential manner. Your answer will NOT affect (either positively or negatively) your selection for the program. You are not required to answer the following, however, be advised we will fill out the remaining portion based on our observations if you chose to not answer the following. (Check the one that applies). Only one household member need response.

Race: ___ African American ___ American Indian ___ Asian ___ Native Hawaiian ___ White ___ Other (Please specify) _____

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Non-Latino

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APPLICATION SIGNATURE PAGE

Note: We cannot offer you an apartment unless you provide us with a completed application, complete with signature, acknowledging that Evers Enterprises LLC has permission to conduct personal background and credit checks. This may include employment, bank, and court records.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for the rejection of this application or termination of tenancy. **It is further understood that the completion of this application does not constitute an acceptance of occupancy.**

Signature of Applicant

Date

Printed Legal Name

Driver's License Number and State of Issue