

Canal Place Management Company

6818 Shoaff Road
Fort Wayne, IN 46818
Phone/Fax 260-749-7170

RESIDENTIAL RENTAL APPLICATION
(Each adult must complete a separate application)

Please Print Clearly
Property/Unit: _____

Applicant Name _____ Phone _____

Email Address _____

Present Address: _____

Date of Birth: _____

Social Security Number _____

Present Landlord _____ Phone _____

Monthly Rent _____ Reason for Leaving _____

Full names of all individuals (and ages of all children) who will be occupying premises:

Have you ever been evicted, sued for nonpayment of rent, or breached a lease (if so, explain)?

Present Employer _____

Employer Phone _____

Employer Address _____

Occupation: _____

Title: _____

Gross Monthly Salary _____

Length of Employment _____

Other Income, if any
(specify) _____

Automobiles:

Your Driver License Number _____ Issuing State _____

(1) Make/Model _____ Year _____ Plate _____ State _____

(2) Make/Model _____ Year _____ Plate _____ State _____

18. In case of emergency notify _____

Relationship _____

Address: _____

_____ Phone: _____

I certify that the above information is true and complete. I authorize the verification of this information by contacting any or all individuals and financial institutions listed above. I understand that this is not a lease or an offer to rent. No binding obligation of any kind exists between the owner and myself unless and until a lease is signed. This Application is subject to prior Applications. This Application shall remain the property of the owner.

Signature of Applicant _____ Date _____

NO PERSON SHALL BE DENIED THE RIGHT TO RENT OUR PROPERTY BECAUSE OF THEIR RACE,
COLOR, RELIGION, SEX, NATIONAL ORIGIN OR ANCESTRY.