LEASE APPLICATION

414 E. Cottage Grove, Bloomington, IN 47408

APPLICANT				
	Ema	il		
Last Name	First	Name		
Current Address: Street	City		State	Zip Code
Date of birth:	SS No.		Phone (Cell) No:	(xxx)-xxx-xxxx
HOME ADDRESS (Legal	Address)			
Street	City	State Zip		Phone No: (xxx)-xxx-xxxx
VEHICLE INFORMATIO	N (needed if you will be p	arking a vehicle	e on 414 ECC	G premises)
Make	Model		Color	Year
Name on Vehicle Title	State of Regis	tration I	License No.	
Are you a registered student Student status: Fre FINANCIAL INFORMAT What percentage of your edu Will you be working? [] N What is your expected earnin PARENT OR LEGAL GU	shman [] Sophomore [ION cation is paid by: You IO [] YES For whom ngs per month: \$] Junior [Parents] Senior [[] Graduate []
(If parents are divorced or se	parated please indicate nam			both)
Mother:	Father:		Guardian	
Name	Name		Name	
Street	Street		Street	
City State Zip	City Sta	ate Zip	City	State Zip
Phone No: (xxx)-xxx-xxxx	Phone No: (xxx)-xxx-xxxx		Phone No: (xxx)-x	XX-XXXX

The applicant gives landlord/owner permission to verify all application and reference data.