

# Century Trust Rental Application

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form COMPLETELY and sign where indicated.

If you have difficulty filling this out online and e-mailing it, you can print it out and mail it to:

Century Trust, P.O. Box 25, Sullivan, Indiana, 47882.

Personal Information					
First Name:		Middle:		Last:	
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
DLN:		State:		Is your license valid?    Yes    No (check one)	
Own      Rent      (check one)		Monthly payment or rent:		How long have you lived at this address and what is your reason for moving?	
Previous address:					
City:		State:	ZIP Code:	How long did you live there?	
Owned      Rented (check one)		Monthly payment or rent:		Reason for moving?	
Employment Information					
Current employer:					
Employer address:		How long?  Position Held:  Annual Income:		Full time or part time?  Hours worked per week?	
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	

Previous Employer:	Salary:	Annual income:
Address	Phone:	How long?
	E-mail:	Reason for leaving:
City:	State:	Zip Code:

### Emergency Contact

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

### Proposed Occupants

Name:

Date of birth:	SSN:	Phone:
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Current address: City: State: Zip Code:

Name:	SSN:	Date of birth:	Phone:
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Current address: City: State: Zip Code:

Name::

Date of birth:	SSN:	Date of birth:	Phone:
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Current address: City: State: Zip Code:

### Previous Landlord(s)

1. Name:

Address:	Phone:
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How long?	Amount of rent:	Was your rent up to date?
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2. Name:	Address	Phone
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How long?	Reason for move?	Was your rent up to date?
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3. Name	Address:	Phone:
How long?	Reason for move?	Rent up to date?
Were you ever evicted?	Reason for eviction(s):	Have you ever been accessed for damages to a rental property?
<b>Debts</b>		
List outstanding debts: Type of debt (loan, rent, credit, etc.) 1.	Payee:	Amount owed/monthly payment:
2.	Payee:	Amount owed/monthly payment:
3.	Payee:	Amount owed/monthly payment:
4.	Payee:	Amount owed/monthly payment:
Other:	Have you ever declared bankruptcy?	How would you describe your current financial situation?
<b>References</b>		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:
Signature of co-applicant:		Date: