



**DEARDORF PROPERTY MANAGEMENT, INC.**

1310 CR 12 • P.O. BOX 127 • CORUNNA, INDIANA 46730  
TDD# IN 800-743-3333 TDD# MI 800-649-3777 TDD# OH 800-750-0750  
260-281-2500 FAX 260-281-2770 or 260-281-2191  
webinfo@dmapartments.com • www.dmapartments.com

**CONVENTIONAL DUPLEX APPLICATION**

**PLEASE PRINT ALL INFORMATION ON THE APPLICATION**

This is an application for housing in the \_\_\_\_\_ Duplexes located in \_\_\_\_\_ . Please complete and return this application to the Site Manager.

Applications are placed on the waiting list in order of date and time received. Applicants will be interviewed only after the application has been completed and application fee is paid.

**FOR MANAGER'S USE ONLY**

Date Received \_\_\_\_\_ Applicant's name \_\_\_\_\_  
Time Received \_\_\_\_\_ Apartment # \_\_\_\_\_  
Date Application Fee paid \_\_\_\_\_

**PLEASE SEE INSIDE FOR RESIDENT SELECTION CRITERIA.**

**\$20.00 APPLICATION FEE: (NON-REFUNDABLE)**

Please have exact amount when paying the app fee; no cash kept on-site

**Duplex** – At the time the paperwork is ready to be processed, the manager will collect a \$20.00 application fee. Application fee will be sent to DPM, Inc. by on-site manager.

NOTE: It shall be all applicants responsibility to determine his/her own capacity and/or their household member's capacity to occupy and function independently in the housing environment offered. Thus, the resident ASSUMES THE RISK and RESPONSIBILITY of living independently within and upon the premises.

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."*

## **RESIDENT SELECTION CRITERIA**

**CREDIT** “**APPROVED**” credit rating based on a credit check with the local credit bureau.

**OR**

“**GUARANTOR NEEDED**” credit denied based on a credit rating within the last 12 months with the local credit bureau. Provide an “**APPROVED**” guarantor for rent and damages.

**If AN “APPROVED GUARANTOR” IS NOT PROVIDED WITHIN 3 DAYS, THE APPLICANT WILL BE REMOVED FROM WAITING LIST.**

**GUARANTOR** The definition of a guarantor is someone who will sign the One-Year Guarantee holding them responsible for rent and damages to the unit, and will be named (along with the applicant) in any legal action taken to recover rent and/or damages. A “Guarantor” must have approved credit rating (i.e. credit report must be run on them just like the applicant). An application fee is not applicable to the Guarantor. The Guarantor must personally meet the on-site manager and must sign the one-year guarantee in presence of the site manager. The Guarantor must be present for the move-in inspection, must read the lease and the Resident Information Guide, and must be present for the move-out inspection.

**REFERENCE** Provide an approved reference from a current and/or previous Landlord(s)/Mortgage Holder/Guardian concerning status of residency. (i.e. rented, owned home, lived at home etc.)

**History of eviction will be further reviewed.**

## **CRIMINAL REPORT**

Authorization will be required to release police records of any convictions of a Felony.

If conviction of a higher class felony, the application is rejected.

If conviction of a lower class felony, the application will be further reviewed.

If conviction of a sex offender, the application is rejected.

If history of drug use, the manufacture of and/or distribution of illegal drugs, the application is rejected.

**ALL BLANKS MUST BE COMPLETED. NO WHITE OUT PLEASE. PLEASE PRINT**

**A. HEAD OF HOUSEHOLD - GENERAL INFORMATION**

**APPLICANT'S FULL NAME** \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt# City/State Zip

Telephone # \_\_\_\_\_ Presently Monthly rent \_\_\_\_\_  
Present Monthly utilities \_\_\_\_\_  
Number of bedrooms \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Lived there From: \_\_\_\_\_ to \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PREVIOUS LANDLORD #1**

Name \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone \_\_\_\_\_ Lived there From: \_\_\_\_\_ To: \_\_\_\_\_

**PREVIOUS LANDLORD #2**

Name \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone \_\_\_\_\_ Lived there From: \_\_\_\_\_ To: \_\_\_\_\_

**EMERGENCY CONTACT. Please provide information for two people not planning to occupy the premises, whom we may contact in the event of an emergency, or to locate you:**

#1 Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

**ALL BLANKS MUST BE COMPLETED. NO WHITE OUT PLEASE. PLEASE PRINT**

**B. CO-APPLICANT - GENERAL INFORMATION**

**CO-APPLICANT NAME** \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # City/ State Zip

Telephone # \_\_\_\_\_ Presently Monthly rent \_\_\_\_\_  
Present Monthly utilities \_\_\_\_\_  
Number of bedrooms \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Lived there From: \_\_\_\_\_ to \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PREVIOUS LANDLORD #1**

Name \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone \_\_\_\_\_ Lived there From: \_\_\_\_\_ To: \_\_\_\_\_

**PREVIOUS LANDLORD #2**

Name \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone \_\_\_\_\_ Lived there From: \_\_\_\_\_ To: \_\_\_\_\_

**EMERGENCY CONTACT. Please provide information for two people not planning to occupy the premises, whom we may contact in the event of an emergency, or to locate you:**

#1 Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

TYPE REQUESTED: \_\_\_\_\_ One Bedroom  
 \_\_\_\_\_ Two Bedroom  
 \_\_\_\_\_ Three Bedroom  
 \_\_\_\_\_ Handicap Accessible

**C. FAMILY HOUSEHOLD COMPOSITION**

LIST ALL PERSONS WHO WILL LIVE IN THE DUPLEX. LIST HEAD OF HOUSEHOLD FIRST.

First Name, MI, Last Name	Relationship	Birth Date	Social Security #
1.	APPLICANT		
2.			
3.			
4.			
5.			
6.			

Approximate monthly household income: \_\_\_\_\_

**D. PROGRAM INFORMATION**

How did you hear about this housing?

\_\_\_\_\_

Have you ever been evicted ?

**Applicant** \_\_\_ yes \_\_\_ no **Co-Applicant** \_\_\_ yes \_\_\_ no

If YES, Where \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

When \_\_\_\_\_ Describe reason \_\_\_\_\_

Have you ever lived in a DPM, Inc. property?

**Applicant** \_\_\_ yes \_\_\_ no **Co-Applicant** \_\_\_ yes \_\_\_ no

If YES, Where \_\_\_\_\_ When \_\_\_\_\_

Are you a current illegal user of a controlled substance?

**Applicant** \_\_\_ yes \_\_\_ no **Co-Applicant** \_\_\_ yes \_\_\_ no

**D. PROGRAM INFORMATION - Continued**

Have you ever been convicted of a Felony?

**Applicant** \_\_\_ yes \_\_\_ no **Co-Applicant** \_\_\_ yes \_\_\_ no

(as part of the selection criteria you will need to give authorization to release a criminal report)

Have you ever been required to register as a sex offender?

**Applicant** \_\_\_ yes \_\_\_ no **Co-Applicant** \_\_\_ yes \_\_\_ no

**E. OTHER REQUIRED INFORMATION**

**If there is any change in the information below or your emergency contact information during your residency, you will need to notify the manager right away.**

**VEHICLES:** List any cars, trucks or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**Additional Vehicles:**

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**Do you own any Pets?** \_\_\_ yes \_\_\_ no If YES, Type \_\_\_\_\_

Note:

Federal law states those residents of "Open Family" communities with federal funding where a member requires the services of a trained and certified animal, be allowed to have that pet in their household.

Elderly or handicapped residents living in an "open family" community with federal funding will be accommodated and will not be denied the right to have a pet in their household.

**IF YOU OWN A PET, YOU WILL NEED TO REQUEST A COPY OF THE COMPLEX PET AGREEMENT BEFORE MOVING IN.**

**RENTERS AND LIABILITY INSURANCE REQUIRED**

Resident is responsible for acquiring and maintaining insurance on Resident's personal belongings. Resident must purchase and maintain liability insurance in an amount no less than \$100,000.00, provide proof of such insurance prior to move in, and indemnify Lessor for any claims or liability arising. Resident understands and agrees that Landlord's insurance provides no coverage of Resident's property.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge.

I also certify by my signature below that I have the legal capacity to enter into a lease agreement. (18 or older)

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

**STATUS:**

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Please check one of the following: Hispanic or Latino \_\_\_\_\_  
Non Hispanic or Latino \_\_\_\_\_

Race: Please check one of the following: American Indian/ Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

Gender: Please check on the following: Male \_\_\_\_\_ Female \_\_\_\_\_