

# PRIME CAMPUS HOUSING

*Deluxe Walk-to-Campus Student Apartments*

Please return to: Prime Campus Housing 103 Northwestern Ave. West Lafayette, IN 47906 • (765) 743-7700 • Fax (765) 743-3600

**A THIRTY DOLLAR (\$30) NON-REFUNDABLE APPLICATION FEE IS REQUIRED**

**Personal Information:**

Property: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Phone:(\_\_\_\_\_) \_\_\_\_\_  
Number of Roommates: \_\_\_\_\_  
Name of Roommates: \_\_\_\_\_  
\_\_\_\_\_

# OF BR: \_\_\_\_\_ Rent: \_\_\_\_\_  
Desired Date of Occupancy: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Work Phone:(\_\_\_\_\_) \_\_\_\_\_  
Pets? \_\_\_\_\_ Mature Weight \_\_\_\_\_

Pet fee and Pet deposit required. **See Pet Rules. Pets not allowed at all locations.**

Marital Status: Married Divorced Single  
In Case of Emergency, Notify: \_\_\_\_\_  
Are You a Full or Part Time Student? Yes No

Maiden Name: \_\_\_\_\_  
Phone:(\_\_\_\_\_) \_\_\_\_\_

**Residence History- Provide two year history:**

1) Present Address: \_\_\_\_\_  
Landlord: \_\_\_\_\_  
2) Previous Address: \_\_\_\_\_  
Landlord: \_\_\_\_\_

Move In/Out Dates: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_  
Move In/Out Dates: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_

**Employment/Bank References-Provide two year history:**

1) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
2) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
3) Bank/Branch: \_\_\_\_\_  
Type of Account: Checking Savings Both  
4) Other Income: \_\_\_\_\_

Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How Long? \_\_\_\_\_  
Amount: \_\_\_\_\_

**Have You Ever...**

Been evicted from tenancy? Yes \_\_\_\_\_ No \_\_\_\_\_      Been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

The above information, to the best of my knowledge, is true and correct. I hereby authorize you to process this application for the purpose of obtaining a Lease Agreement with this property. Additionally, I authorize all corporations, companies, and law enforcement agencies, academic institutions and employers to release information they may have about me and release the landlord, leasing agent, their officers, employees, and agents, and any person so furnishing information, from any and all liability of every nature and kind arising out of the investigation or the furnishing or inspection of such documents, records, and other information. A photographic or faxed copy of this authorization shall be as valid as the original.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved w/ Co-Signer \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_ Apt# Assigned \_\_\_\_\_

