



YORK WOODS CENTER

RENTAL APPLICATION

200 Windsor Circle • Elkhart, IN 46516 • 574-293-9477 • yorkwoodscenter.com

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Please complete all applicable fields. Each adult applicant may be required to complete a separate application.

APARTMENT REQUEST

Type / size desired *		Requested move-in date *	
Preferred unit / location		Lease term (if known)	

APPLICANT INFORMATION

Primary applicant

Full legal name *			
Date of birth *		Social Security No. (screening only) *	
Mobile phone *		Email *	
Preferred contact	☐ Phone	☐ Email	☐ Text

OTHER RESIDENT / OCCUPANT	RELATIONSHIP	AGE	
Do you have pets?	☐ Yes ☐ No	If yes, type / breed / weight	

RESIDENCE HISTORY

Current address *			
City / State / ZIP		How long at this address?	
Landlord / mortgage holder		Phone	
Monthly rent / mortgage		Reason for moving	
Previous address			
City / State / ZIP		Length of residence	
Previous landlord / mortgage holder		Phone	
Reason for moving			

EMPLOYMENT & INCOME

Current employer *		Position	
Employer's address		Employer phone	
Supervisor		How long?	
		Gross monthly income	
Other lawful income source (optional)		Monthly amount	



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PREVIOUS EMPLOYMENT

Complete if current employment is less than 2 years

Previous employer		Position	
Employer's address		Phone	
How long?		Supervisor	

FINANCIAL & SCREENING INFORMATION

Have you filed for personal bankruptcy? ☐ Yes ☐ No If yes, date / status

Have you ever had an eviction filed against you? ☐ Yes ☐ No If yes, explain

Criminal-history screening, if used, is handled separately and in accordance with applicable law and property policy.

Other information / references requested by management

VEHICLE INFORMATION

MAKE / MODEL	YEAR	COLOR	STATE	PLATE #

Total gross household income / month Income frequency / notes

EMERGENCY CONTACT

Name *		Relationship	
Phone *		Email	
Address			

APPLICANT AUTHORIZATION & CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize York Woods Center and its authorized screening providers to verify information provided in this application, including identity, employment, income, rental or mortgage history, references, and consumer/credit information as permitted by law. I understand that incomplete or materially false information may affect approval. Any application, holding, reservation, or security-deposit terms are governed by the written terms provided at payment and applicable law.

Applicant's signature (type name if completing digitally) * Date *

EQUAL HOUSING OPPORTUNITY

York Woods Center evaluates applications under consistent screening criteria and applicable fair-housing requirements.



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Management use only. This page may be separated from the applicant copy after submission.

FOR OFFICE USE ONLY - DO NOT COMPLETE

Management review

Date application received		Received by	
Unit / apartment requested		ID verified by	
VERIFICATION	☐ Credit / screening	☐ Employer	☐ Landlord / mortgage
			☐ Other
Credit / screening notes			
Employer verification notes			
Landlord / mortgage notes			
Other reference / verification notes			
Deposit / holding amount received		Date received	
APPLICATION STATUS	☐ Approved	☐ Approved with conditions	☐ Not approved
Comments / conditions			
Assigned apartment		Move-in date	