

**Sand Castle Property Management, Inc.**  
**Rental Application and Financial Plan**  
**Cover Sheet**

Name: \_\_\_\_\_

Date of Application: _____	Application Fee: _____
Unit applying for: _____	Rental Amount: _____
Application approved/denied: _____	Security Deposit: _____
Date Application approved/denied: _____	Key Deposit: _____
Lease Dates: _____	Pet Deposit: _____
Move in Special Terms: _____	First Month's Rental Amount: _____

**PAYMENTS**

<u>Rent and Fees</u>	<u>Deposits</u>
Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____	Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____
Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____	Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____
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Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____	Date of Payment: _____ Amount of Payment: _____ Method of Payment: _____ Receipt Number: _____ Apply to: _____

Date: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_

**Sand Castle**  
**Property Management**  
*Where Your Home Is Your Castle*  
815 East Eighth Street, Anderson, IN 46012  
Telephone: (765) 640-0336 Facsimile: (765) 642-3898



**MOVE IN POLICIES AND PROCEDURES**  
EFFECTIVE November 1, 2015

- Application Fee **must** be paid upon returning the application packet. Application Fee **must** be paid by money order. (1 Adult-\$40.00, 2 Adults-\$70.00, 3 Adults-\$110.00)
  - Application must be **fully completed** including Anderson City Utility's Application for Utility Service and Vectren Gas Company's Identity Verification Form. Authorization page must be signed.
  - All application denials will be provided in writing via USPS.
- HUD Applicants must submit their HUD (blue) packet with their application. Failure to submit the HUD (blue) packet will result in denial of your application.
- Upon your application being approved by SCPM, we will then submit your application for service with Anderson City Utility (ACU) to their office.
  - Upon ACU approval of your household for service, non-HUD applications will then be contacted to schedule Lease signing.
  - Upon ACU approval of your household for service, HUD applicants will then be contacted to pick up and return their HUD packet to the HUD office for processing. HUD applicants will schedule Lease signing at the time the property is scheduled for inspection by HUD.
- Within one (1) business day of being notified that your application has been approved, you will be required to pay one-half (1/2) of the security deposit for said property. Failure to pay one-half of the security deposit will allow the property to remain on the available listing, allow the property to be shown, and allow other applications to be received and processed for residency at the property.
- At Lease signing, you will be required to pay the balance of your security deposit in full, and first month's rent, for said property.
- After Lease signing, you will then be required to transfer all required utility service to your name no later than one (1) business day after Lease signing. Lease is contingent upon your obtaining utility service in your name and providing us with a fully completed Utility Transfer Form within one (1) business day of Lease signing. If you are unable to obtain utility service in your name as required, the Lease will become null and void and \$100.00 of your security deposit will be retained as a hold fee to compensate for the property being taken off the market for your Lease.
- Failure to timely return the completed Utility Transfer Form within one (1) business day of Lease signing will VOID your Lease and the hold fee of \$100.00 will be maintained by Sand Castle Property Management, Inc.
- Keys to the property will be provided to you after Lease signing, confirmation of the information contained on the Utility Transfer Form, and our receipt of the First month's rent.

I/We understand that by signing this document I/we have read and understand the foregoing Policies and Procedures.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**SAND CASTLE PROPERTY MANAGEMENT, INC.**

**Date of Application:** \_\_\_\_\_

**Rental Unit applied for:** \_\_\_\_\_

**Rent / Month:** \_\_\_\_\_

**Commencement date:** \_\_\_\_\_

**Term:** \_\_\_\_\_

**PERSONAL INFORMATION**

<b>NAME:</b>	<b>D.O.B:</b>	Social Security No.:
<b>Phone:</b>		Driver's License No.:
<b>Mother's Maiden Name:</b>		E-Mail Address: _____
		Work Number: _____
		Cell Phone: _____

**RESIDENT'S RENTAL HISTORY**

	Present	Previous 2 Years
Address		
City, State, Zip		
Tenancy Dates:		
Rent Amount		
Landlord		
Landlord Number		
Lease Expires		
Whose name are utilities in:		

**RESIDENT'S OCCUPATION** (If employed/self-employed less than two years, give information on prior occupation)

	Present Occupation	Prior Occupation-2 Year History
<b>Employer</b>		
<b>Self-Employed, DBA</b>		
<b>Business Street Address</b>		
<b>Business City/State/Zip</b>		
<b>Business Phone</b>		
<b>Type of Business</b>		
<b>Position Held</b>		
<b>Supervisor</b>		
<b>Dates of Employment:</b>		
<b>Monthly Gross Income/Hourly Rate</b> <small>(Gross is before taxes/Net is after taxes)</small>		

<b>CO-RESIDENT:</b>	D.O.B:	Social Security No.:
		Driver's License No.:
Phone:		E-Mail Address: _____
Mother's Maiden Name:		Work Number: _____
		Cell Phone: _____

**CO-RESIDENT'S RENTAL HISTORY**

	Present	Previous 2 Years
Address		
City, State, Zip		
Tenancy Dates:		
Rent Amount		
Landlord		
Landlord Number		
Lease Expires		
Whose name are utilities in:		

<b>CO-RESIDENT'S OCCUPATION:</b> (If employed/self-employed less than two years, give information on prior occupation)		
	Present Occupation	Prior Occupation-2 Year History
Employer		
Self-Employed, DBA		
Business Address		
Business City/State/Zip		
Business Phone		
Type of Business		
Position Held		
Supervisor		
Dates of Employment:		
Monthly Gross Income/Hourly Rate <small>(Gross is before taxes/Net is after taxes)</small>		

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**PERSONAL / CREDIT REFERENCES (Must list one each per applicant)**

Personal Reference	Address	Phone	How Long	Occupation
Nearest Relative	Address	Phone	City	Relationship
Credit Grantor	Address	Phone	City	

**Other Information:**

How many people will be living in the household? \_\_\_\_\_

Names and dates of birth of all people living in household with you:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of vehicles (including company cars): \_\_\_\_\_

Make / Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_  
 Make / Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_  
 Make / Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

- ◆ Do you have pets? \_\_\_\_\_
- ◆ How many? \_\_\_\_\_
- ◆ What kind? \_\_\_\_\_
- ◆ Have you or your spouse ever filed bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_
- ◆ Have you ever been evicted or been asked to vacate a property you were renting? \_\_\_\_\_  
 If so, do you still owe monies? \_\_\_\_\_ How much do you owe? \_\_\_\_\_
- ◆ Have you ever willfully and intentionally refused to pay any rent when due? \_\_\_\_\_

How did you hear about our Company? \_\_\_\_\_

**Acknowledgment:**

I/We, the undersigned, understand that Sand Castle Property Management, Inc. is the leasing agent and representative for the owner/landlord and that the leasing agent's fees will be paid by the owner/landlord. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a lease agreement.

**X** Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

**X** Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

**SAND CASTLE PROPERTY MANAGEMENT, INC.**

**Telephone: 765-640-0336 Facsimile: 765-642-3898**

**EXPENSES:** Please list the monthly expenses for each applicant below.

	<u>Resident:</u> _____	<u>Co-Resident:</u> _____	<u>Office Use Only</u>
Rent for property applying for:			
Utilities (Electric, gas, water, sewer, storm water, trash, telephone and/or cell phone):			
Insurance Payments:	Auto: Health: Life: Renter's:	Auto: Health: Life: Renter's:	
Auto Repair/Gasoline:			
Groceries and household goods:			
Medical Expenses:			
Child care:			
Laundry:			
Lunch expenses:			
Child Support:			
Miscellaneous expenses-Please itemize:			

**LOANS, INSTALLMENT PAYMENTS, LONG TERM DEBTS AND COLLECTIONS:**

Please provide a listing of ALL obligations. Listing may be continued on back of this sheet, if necessary:

	<u>Resident:</u> _____	<u>Co-Resident:</u> _____	<u>Office Use Only</u>
Do you have any loans? If so, please list the name and address of each loan holder, the balance of each loan and the <b>monthly</b> payment for each loan			
Do you have collection accounts? If so, please list the name and address of each account holder, the balance of each account and the <b>monthly</b> payment for each account.			

**INCOME:** Please list the monthly income for each applicant below.

	<u>Resident</u>	<u>Co-Resident</u>	<u>Office Use Only</u>
Full Time Employment (Net Take Home Pay)			
Part Time Employment (Net Take Home Pay)			
Over Time:			
Retirement Income:			
SSI Income:			
Public Assistance:			
Food Stamps:			
Child Support:			
Other Income: (Please list each source)			

\*\*\*Please provide 30 days pay stubs, award letter, bankruptcy letter, and/or marriage certificate or divorce decree (if within the last 3 years). We will also need a copy of photo id for every applicant.

**I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE THE VERIFICATION AND THE OBTAINING OF THE CONSUMER CREDIT REPORT.**

**Consent to obtain credit / Employment Information:**

I/We authorize Sand Castle Property Management, Inc., to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. W/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I/We declare under penalty of perjury that the information listed in this application is true and correct. I also agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my lease application. I further authorize owner/landlord, leasing agent or its representatives to apply for or obtain an investigation or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial, and criminal history information.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the city of Anderson State: IN

Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

**Thank you for choosing Sand Castle Property Management, Inc.**  
*Where Your Home Is Your Castle*

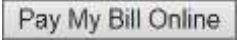
## **Welcome to Anderson City Utilities.**

### **Frequently Asked Questions (FAQ) for New Customers**

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*Anderson City Utilities are pleased to have the opportunity to serve your electric power, water and waste management needs. We have prepared this information based on the most frequently asked questions regarding our utility operations. Since your service has started today, we hope you find this information helpful now and in the future.*

#### **Paying and Monitoring your Bills:**

- *You may monitor your account or pay your bill by going to this link: <http://www.cityofanderson.com/197/Online-Bill-Pay> and clicking on the  button.*
- *Or use the pay-by-phone service by dialing (765) 648-6527 with a credit or debit card.  
(Have your account number-customer id handy for either option).*

#### **The Utility Office hours of operation are 8:00am – 5:00pm; Mon-Fri.**

- *You can call (765) 648-6187 to reach our call center representatives and arrange services by phone. Please stay on the line as calls are handled in the order they are received. Requests and documents may be faxed to: (765)648-5929.*
- *You can also send your questions and concerns to the customer service email address: [custserv@cityofanderson.com](mailto:custserv@cityofanderson.com).*
- *Any time you have problems with your Electric service you may call and report problems using our 24/7 Trouble line at (765) 648-6484.*
- *If you have issues with your Water service we have a Department number used Mon.-Fri. 8:00am-4:00pm: (765) 648-6436 and the Trouble line for after-hours & weekends: (765) 648-6444.*

*These departments are able to assist you with any problem you may encounter, day or night.*

#### **Our Budget Plan**

- *You must be total electric and have a 12 month service history to apply.*
- *You may apply through the months of June and July annually.*
- *Your budget payment must be made each month in full and on time or your budget plan will be cancelled.*

#### **Trash Services**

*Trash Services are managed through our Solid Waste Coordinator and Best Way Disposal of Anderson.*



- *After you are set up for Trash Services, if you don't have trash carts or an adequate size cart or you find the carts to be in poor condition at your service address, you will need to contact Best Way at **(765) 649-7272** to have the equipment delivered. Any equipment need (repair, additional carts, etc.) should be handled through Best Way.*
- *If you have questions about your trash service or wish to apply for a Senior or Disability Discount, please contact our Solid Waste Coordinator, Trinna Davis, at **(765) 648-6213**.*
- *All trash equipment is property of Best Way Disposal and is assigned by serial number to your service location. If you move from that location, the equipment must stay at the location you are moving from. If it is not left, Best Way will bill you a \$65.00 replacement fee per cart, payable to Best Way Disposal.*

*Anderson City Utilities welcomes the opportunity to provide your utility needs and looks forward to serving you. Thank you!*

## Checklist: Requirements for Services with Anderson City Utilities:

**ATTENTION:** *If you do not meet all the requirements listed below, please do not wait for a Utility Office Representative - as you will NOT be put in service.*

**Office hours: M-F, 8AM-5PM. Customers wanting New Service or Transferring Services will not be accepted after 4:30PM sharp.**

### Items customer(s) must bring with them:

- \_\_\_\_\_ 1.) Government issued, non-expired, **photo ID** for all persons over the age of 18, residing at the address.
- \_\_\_\_\_ 2.) If renting, the tenant must bring in a copy of the original **Lease Agreement**, listing all persons over the age of 18.
- \_\_\_\_\_ 3.) If you own or are purchasing the property, **Proof of Ownership** is required. (A document such as a Contract Purchase or Purchase Agreement, Deed, Bill of Sale, Settlement Statement, Property Tax Statements, etc.)
- \_\_\_\_\_ 4.) Any documents that have been whited-out, changed, altered or are expired will **NOT** be accepted - no exceptions.
- \_\_\_\_\_ 5.) **Standard Deposits (Required):**

**\*\*Residential Deposits:** \$60.00 for Water + \$100.00/Electric with gas heat = \$160.00/Total  
**OR** \$60.00 for Water + \$150.00 Total Electric = \$210.00/Total

**\*\*Commercial/Business Deposits:** \$200.00/Electric + \$200.00/Water = \$400.00/Total

**\*\*NOTE:** No personal checks accepted for deposits. Deposits must be cash, debit card, credit card, money order or cashier's check.

**\*\*NOTE: DEPOSIT AMOUNTS ARE BASED UPON A SOFT CREDIT CHECK. THIS DEPOSIT MAY BE INCREASED - DEPENDING UPON YOUR CREDIT CHECK RISK RATING.**

\_\_\_\_\_ 6.) \$5.00 - **Application Fee** (No personal checks - must be cash, debit card, credit card, money order or cashier's check.)

\_\_\_\_\_ 7.) **ALL** past due Utility Office bills, for all parties must be **paid-in-full**. This also includes accounts turned over for collection.

**PRESENTING A FORGED OR ALTERED LEASE OR PURCHASE DOCUMENTS TO DEFRAUD THE UTILITY AND GAIN SERVICES IS A CRIME THAT WILL BE PROSECUTED.**

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**Application for Residential Utility Services**  
City of Anderson, IN – Utilities Office ----- Customer ID# \_\_\_\_\_

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**Residential Customer Information:**

NEW APPLICATION  RENEWAL

**IF MAILING Documents, they must be received in our office by:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Disconnect Services at previous address:  YES, Date to Disconnect: \_\_\_\_\_  NO, Leave services on.

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Information for any other adult, spouse or domestic partner in your household using these services:**

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Previous Address: \_\_\_\_\_ Account # : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone # \_\_\_\_\_

List all occupants over the age of 18: \_\_\_\_\_

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## Utility Services Agreement

**Note: A valid state or government issued photo ID and a valid Lease agreement or proof of property ownership are required at the time you apply for services.**

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### Agreement for Services with Anderson City Utilities

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges accrued at the location described above as the "Service Address". This obligation will continue until such time that the signing party gives written notice in the form of a request to disconnect service to this office. If the collection of any delinquent charges is necessary, the signee agrees to be responsible for past due amounts and all costs accrued in the collection process, including delinquent charges, legal fees along with processing and court costs.

This application for Utility Services shall constitute a service contract between the Applicant and Anderson City Utilities, and the Applicant agrees to pay and is bound by the rules and regulations of Anderson City Utilities.

**I have received a copy of My Rights to Dispute a Disconnection of Services and to receive a Fair Hearing.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant #1

\_\_\_\_\_  
Signature of Co-Applicant #2

- A \$5.00 Application fee will be charged at the time the applicant is put in service and pays deposits.
- 

### For Use by the Utility Office

**Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Entered by:** \_\_\_\_\_

**CID:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_ **Electric Deposit:** \_\_\_\_\_ **Water Deposit:** \_\_\_\_\_

**Deposit rated at:**    High Risk    Medium Risk    Assisted Depos     Waive Deposit    Mgt. Initials: \_\_\_\_\_

**Services to be billed:**    **Lights:** \_\_\_\_\_ **Water:** \_\_\_\_\_ **Sewer:** \_\_\_\_\_ **Storm:** \_\_\_\_\_ **Trash:** \_\_\_\_\_

**Copy of Credit Report Attached?**    YES    NO            **Adverse Action Letter\* given to customer:**    YES    NO

**PLEASE MAKE SURE YOU HAVE AN EMERGENCY CONTACT ON THE APPLICATION.**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**VECTREN**  
Live Smart

### Identity Verification Form

**To Be Completed by Applicant**

*Please be sure that the information is printed clearly.*

Last Name <sup>(1)</sup> \_\_\_\_\_ First Name <sup>(2)</sup> \_\_\_\_\_ MI <sup>(3)</sup> \_\_\_\_\_

Date of birth <sup>(4)</sup> \_\_\_\_\_

Phone Number <sup>(5)</sup> (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number <sup>(6)</sup> (\_\_\_\_) \_\_\_\_\_

Address where service is requested <sup>(7)</sup> \_\_\_\_\_

City <sup>(8)</sup> \_\_\_\_\_ State <sup>(9)</sup> \_\_\_\_\_ Zip Code <sup>(10)</sup> \_\_\_\_\_

Address on Government issued photo ID <sup>(11)</sup> \_\_\_\_\_

City <sup>(12)</sup> \_\_\_\_\_ State <sup>(13)</sup> \_\_\_\_\_ Zip Code <sup>(14)</sup> \_\_\_\_\_

Type of Government issued photo ID <sup>(15)</sup> \_\_\_\_\_ I.D number <sup>(16)</sup> \_\_\_\_\_

Example: drivers license, passport, etc.

Signature of Applicant <sup>(17)</sup> \_\_\_\_\_ Date <sup>(18)</sup> \_\_\_\_\_

**\*\*The signature date must match the date listed below by the notary.**

**To Be Completed by Notary**

*Please be sure that the information is printed clearly.*

I certify that <sup>(19)</sup> \_\_\_\_\_ personally appeared before me this day,  
<sup>(20)</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_, and is the person whose name is subscribed to the within instrument, and  
acknowledged that he/she executed the same for the purpose therein contained.

<sup>(21)</sup> \_\_\_\_\_

Notary Signature

<sup>(22)</sup> \_\_\_\_\_

Notary Name typed, printed or stamped

<sup>(23)</sup> \_\_\_\_\_

Notary Title or Rank

<sup>(24)</sup> \_\_\_\_\_

My Commission Expires

<sup>(25)</sup> \_\_\_\_\_

Notary Public Seal

**Return completed form to Vectren Customer Service at:**

**Fax to:** (812) 491-4706

**Mail to:** Vectren Energy Delivery  
Attention: Customer Service  
P.O. Box 209  
Evansville, IN 47702-0209