

REAL PROPERTY MANAGEMENT

6500 Reflections Drive
Dublin, Ohio 43017
Tel: (614) 766-6500
Fax: (614) 889-5977

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____ AGENT _____
COMMUNITY _____
APT. NO. _____ RENT \$ _____

Notice: Co-Applicant must complete a separate Rental Application

The undersigned hereby makes application to rent unit number _____ located at _____

Beginning on _____ 20____, at a monthly rental rate of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone () _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Name of Co-Applicant _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Number & Age of Dependents _____

Occupants Names & Relationship _____

Pets – Yes No Description of Pet & Weight _____

PLEASE GIVE US YOUR RESIDENT HISTORY FOR THE PAST 3 YEARS

(BEGINNING WITH MOST CURRENT)

Current Address _____ City _____ State _____ Zip _____

Dates of Occupancy _____ Reason for Leaving _____

Owner/Agent _____ Phone () _____ Monthly Rent \$ _____

Previous Address _____ City _____ State _____ Zip _____

Dates of Occupancy _____ Reason for Leaving _____

Owner/Agent _____ Phone () _____ Monthly Rent \$ _____

Previous Address _____ City _____ State _____ Zip _____

Dates of Occupancy _____ Reason for Leaving _____

Owner/Agent _____ Phone () _____ Monthly Rent \$ _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

Your Status Full-Time Part-Time Student Retired Not Employed

Current Employer (or most recent) _____

Address _____ Phone () _____

Dates Employed/From _____ To _____ Position _____

Supervisor _____ Gross Monthly Salary \$ _____

Previous Employer _____

Address _____ Phone () _____

Dates Employed/From _____ To _____ Position _____

Supervisor _____ Gross Monthly Salary \$ _____

If there are other sources of income you would like us to consider, please list income source and person whom we could contact to verify the information. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) CIYT/STATE BRANCH TYPE OF ACCT. ACCT. #

1. _____

2. _____

YOUR DRIVER'S LICENSE NUMBER _____ STATE _____

YOUR VEHICKE MAKE/MODEL _____ YEAR _____ TAG # _____ STATE _____

SECOND VEHICLE MAKE/MODEL _____ YEAR _____ TAG# _____ STATE _____

HAVE YOU OR YOUR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move-out? Yes No Broken a rental Agreement? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes , when? _____ No

CONTINUED OVER

Please give any additional information, which might help management evaluate this application:

How did you hear about our property? _____

If management has any questions about this application, please give **phone numbers** where you can be located:

Day Phone (s) _____ Cell Phone _____

Night Phone (s) _____

IN CASE OF PERSONAL EMERGENCY NOTIFY:	
_____	Relationship: _____
Full Address _____	
Home Phone _____	Work Phone _____

THIS REPRESENTS A WRITTEN COMMITMENT BY THE APPLICANT TO ENTER INTO A LEASE AGREEMENT SUBJECT ONLY TO CREDIT APPROVAL OF THE APPLICATION. UNLESS AN APPLICATION IS NOT APPROVED, ALL DEPOSITS ARE NONREFUNDABLE EVEN IN INSTANCES WHERE THE APPLICANT HAS DECIDED NOT TO RENT THE UNIT.

I hereby apply to lease the above described premises for the term and upon the conditions set forth above and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true. Should any statement made above be a misrepresentation or not a true statement of fact this application will be denied.

A \$ _____ fee, separate from the deposit, will be retained as an application fee to offset the agent's cost, time, and effort in processing this application.

I hereby deposit \$ _____ as earnest money. Upon the acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for _____ months before possession is given and to pay the balance of the security deposit of \$ _____, within **5** business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason if nonacceptance which the owner or his agent may reject without stating any reason for so doing.

I RECOGNIZE AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMBR REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS AND OTHERS WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND THE SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge is true and correct.

Signature of Applicant _____ Date Signed _____

APPLICANT: PLEASE DO NOT WRITE BELOW

Deposit of \$ _____ Application Fee of \$ _____, This Application Form

Received By _____ Date _____

Reference Verification Name	Reference Comments
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

THIS APPLICATION APPROVED NOT APPROVED

BY _____ TITLE _____ DATE _____

If not approved, specify reason(s)

Applicant Notified By (Name) _____ Date Notified _____

Notified By: Letter (Copy Attached) Fax Telephone In Person