

RENTAL APPLICATION

(Fax to: 740-756-9609 Deliver to: 3820 Columbus-Lancaster Rd., Carroll, OH 43112)

ADDRESS OF PROPERTY YOU'RE APPLYING FOR: _____

Desired Date of Occupancy: ____/____/____

Desired Length of Occupancy: _____

TENANT INFORMATION:

Full Name: _____

Social Security #: _____

Date of Birth: ____/____/____ Phone: (____) ____ - _____

Mothers Maiden Name: _____

Driver's License #: _____ Car Make: _____

Car Model: _____ Lic. Plate #: _____

Employer's Name: _____

Position: _____ How Long?: _____

Address: _____

Contact: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

CO-TENANT INFORMATION:

Full Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Mothers Maiden Name: _____

Driver's License #: _____ Car Make: _____

Car Model: _____ Lic. Plate #: _____

Employer's Name: _____

Position: _____ How Long?: _____

Address: _____

Contact: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

OTHER TENANTS:

Name	Date of Birth	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY INCOME:

Tenant Take-Home Pay: _____ / Month

Source: Wages Salary Commission Tips Government Assistance Other: _____

Co-Tenant Take-Home Pay: _____ / Month

Source: Wages Salary Commission Tips Government Assistance Other: _____

CURRENT ADDRESS: _____

How Long?: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Why are you moving?: _____

Landlord's Name: _____

Landlord's Phone: (____) ____ - _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ Zip: _____

How Long?: _____ Why did you move?: _____

Landlord's Name: _____

Landlord's Phone: (____) ____ - _____

Learned Skills: [] Plumbing [] Roofing [] Electrical [] Painting [] Carpentry [] Auto Mechanics [] Other: _____

Credit References:

Type	Address	City/State/Zip	Limit	Purpose	Acct. Opened
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Personal References:

Name	Address	City/State/Zip	Relationship	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Nearest Relative:

Name	Address	City/State/Zip	Relationship	Phone
_____	_____	_____	_____	_____

Have you ever been evicted from any tenancy? [] Yes [] No

If so, when and why? _____

Have you ever willfully and intentionally refused to pay rent when due? [] Yes [] No

If so, why? _____

Have you ever been late paying your rent? [] Yes [] No

If so, how many times in the past two (2) years and why? _____

Do you know of anything which may interrupt your income or ability to pay your rent? [] Yes [] No

If so, what? _____

Do you feel that renting this dwelling will leave you strapped for cash? [] Yes [] No

If yes, why? _____

Do you have any pets? [] Yes [] No

If yes, what number and type of pets? _____

All applicants hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. By signing below all applicants hereby authorize the property owner (Landlord) to verify all of the above information. All applicants understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of any security deposit.

_____/_____/_____
Date

Tenant

Co-Tenant