RENTAL APPLICATION

419 Medina Road Medina, OH 44256

tel: 330-239-6000 fax: 330-239-5101

SEPARATE APPLICATION REQUIRED FOR EACH TENANT. \$00 Non-refundable processing fee.

THIS SECTION TO BE COMPLETED BY LANDLORD

Address of Premises to be Leased:					
Lease Term: 1 Year - from		to			
Amounts Due Prior to Occupancy:					
First month's rent	\$				
Security deposit	\$				
Other (specify):	Φ				
TOTAL	\$				
. 3 17.2	Ψ				
Applicant	1\				
Full Name (include all names us Phone:	Ema	il:			
Full Name (include all names use Phone:Social Security Number:	_ Ema	il:	DOB: _		
Full Name (include all names use Phone: Social Security Number: Driver's License #:	_ Ema	il: State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make:	_ Ema	il: State: _ Model: _	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #:	_ Ema	il: State: _ Model: _	DOB: _	Exp:	
Full Name (include all names use Phone:	_ Ema	il: State: _ Model: _	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History	_ Ema	il: State: _ Model: _ State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History Current Address:	_ Ema	il: State: _ Model: _ _ State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History Current Address: City:	_ Ema	il:State: State: State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History	Year:	il:State: State: State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History Current Address: City: Dates Lived at Address: Current Monthly Rent:	Year:	il:State: State: State:	DOB: _	Exp:	
Full Name (include all names use Phone: Social Security Number: Driver's License #: Vehicle Make: Color: License Plate #: Rental History	Year:	il: State: _ Model: _ State:	DOB: _	Exp:	

Previous Address:					
		State: Zip:			
Dates Lived at Address:	to				
Current Monthly Rent:					
Reason for Leaving:					
Landlord's Name:	ason for Leaving: ndlord's Name: Phone:				
Landlord's Address:					
Employment History					
Name of Current Employer:	<u> </u>				
Employers Address:					
	Phone				
	Phone				
Dates Employed:	to				
Position or Title:	Gross Monthl	Gross Monthly Income:			
.					
Other income you would like					
Source:	Monthly Amount:	·			
Name of Provious Employs	٠,٠				
Employers Address:	r:				
Employers Address:					
	Phone				
	Phone				
	to				
Position or Title:	Gross Monthl	y income:			
Banking Information					
	·				
	nt Balance:				
	and the Property of March	L			
Additional Occupants (List ev					
	Relationship: Relationship:				
	Relationship:				
	Relationship:				
	Relationship:				
Full Name:	Relationship:	Age:			
Miscellaneous					
	pe of pets you want to have in	n the rental property:			
Describe water-filled furnitu	re you intend to use in the rer	ntal property:			
					
Do you smoke? yes _	no				

Have you ever:	Been evicted? yes no Been convicted of a felony? yes no				
		e:			
		Relationship:			
Phone:		How long known:			
		Relationship:			
Address: Phone:		How long known:			
Address:		Relationship:			
Emergency Contact					
		Relation ship:			
lease agreement may be bank, credit sources, curre to Landlord such information. If this application.	terminated if I make any ent and previous landlord ion about me as its repre ation is accepted, I agree ay the rent and security of	plication is true and correct and I understand that my false or incomplete statement herein. I authorize my is and employers, and personal references to disclose sentative may request in connection with this Rental to execute your Residential Lease Agreement (sample deposit(s) listed above within three (3) days of on of this application.			
Applicant Name:					
Signed:					
Date:					