

RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

Non-Refundable Fee: \$0

THE PROPERTY -

Type: House

Square Feet: 1935

Bedrooms: 3

Rent Amount: 500.00/Month

Address: 126 Churchill Rd, Girard, Ohio, 44420

Pets? Yes,

Smoking Allowed? No

Parking? Yes, in the following areas:

TENANCY

Type/Length: 12 Months

Start Date:

LANDLORD'S DETAILS

Name:

Address: 126 Churchill Rd, Girard, Ohio, 44420

Telephone:

E-Mail: bakerkimberly25@gmail.com

Will there be a Manager acting on behalf of the Landlord? Yes

Manager's Name: Shannon Stewart

Telephone:

E-Mail: shannon@wecarehomerentals.com

APPLICANT DETAILS

Full Name: _____ DOB: _____ SSN: _____

Driver's License No. _____ Phone: _____

E-Mail: _____

Other Occupants? Yes No

If Yes, Describe: _____

Pets? Yes No

If Yes, Describe: _____

Vehicles? Yes No

If Yes, Describe: _____

Ever Been Convicted of a Crime? Yes No

If Yes, Describe: _____

Ever Filed for Bankruptcy? Yes No

If Yes, Describe: _____

Ever Been Evicted? Yes No

If Yes, Describe: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: \$_____ (From Prior Year Tax Filing)

Street Address: _____

City: _____ State: _____ Supervisor: _____

PREVIOUS EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: \$ _____)

Street Address: _____

City: _____ State: _____ Supervisor: _____

CURRENT RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____ SF

Bedrooms: _____ Rent Amount: \$ _____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

How long at this Address? _____ Current Lease Expiration Date: _____

Desire for Moving? _____

CURRENT LANDLORD

Name: _____

Address: _____

Phone: _____ E-Mail: _____

PREVIOUS RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____ SF

Bedrooms: _____ Rent Amount: \$ _____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

PREVIOUS LANDLORD

Name: _____

Address: _____

Phone: _____ E-Mail: _____

PREVIOUS RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____ SF

Bedrooms: _____ Rent Amount: \$ _____/Month

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

PREVIOUS LANDLORD

Name: _____

Address: _____

Phone: _____ E-Mail: _____

FINANCIAL INFORMATION

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: Checking Savings

Bank: _____ Account # _____ Routing # _____

Branch Location _____ Type: Checking Savings

Credit Card: _____ Card # _____ - _____ - _____ - _____ Limit: \$ _____

Visa MasterCard Discover Amex Diner's Club

Credit Card: _____ Card # _____ - _____ - _____ - _____ Limit: \$ _____

Visa MasterCard Discover Amex Diner's Club

Credit Card: _____ Card # _____ - _____ - _____ - _____ Limit: \$ _____

Visa MasterCard Discover Amex Diner's Club

PERSONAL REFERENCES

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

ADDITIONAL DETAILS (IF ANY)

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Signature _____ **Date** _____