

**NEW LIFE PROPERTIES OF OHIO, LLC.
RENTAL APPLICATION**

COMMUNITY: _____ Type of apartment desired: _____

Today's Date ____/____/____ How you heard about us: _____
 Time: _____ () AM () PM

When do you want to move: _____ Leasing Specialist: _____

Applicant's full name		Date of Birth	Social Security # _____ State _____	
Single	Married	Widowed	Separated	Divorced
Spouse's Name		Date of Birth	Social Security # _____ Drivers License# _____	
Other Occupants:		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
Name		Age	Relationship	
Pet		Breed, Weight, Age	Size	How Many?

**** (Size and breed restrictions apply. Please see Pet Addendum).
RESIDENTIAL HISTORY**
 (Please use a separate sheet of paper if necessary).

Present Address City, State, Zip	Phone #	Move-In Date	Move-Out Date
Apartment Name/Mortgage Holder	Address		
City, State, Zip	Phone #	Move-In Date	Move-Out Date
Monthly Payment \$	Reason for Moving		
Previous Address	Phone #		
City, State, Zip	Address		
Apartment Community/Mortgage Holder	Address		
City, State, Zip	Phone #	Move-In Date	Move-Out Date
Monthly Payment \$	Reason for Moving		

Have you, or your co-applicant ever been threatened with an eviction from any leased premises?

If yes, please explain.

Have you or your co-applicant ever received a notice to leave the rental property or a 3-day notice to leave pursuant to Ohio Revised Code Section 1923.04?

If yes, please explain.

Have you or your co-occupant ever been arrested?

If yes, please explain

EMPLOYMENT HISTORY

Present Employer		Position	
Business Address		Phone #	
Approximate Gross Yearly Income \$	Employed from	To	Supervisor
Previous Employer		Position	
Business Address		Phone #	
Approximate Gross Yearly Income \$	Employed from	To	Supervisor
Spouse's Employer		Phone #	
Business Address		Phone #	
Approximate Gross Yearly Income \$	Employed from	To	Supervisor

CREDIT REFERENCES

Bank	Branch
Savings Account #	Checking Account #
Auto Loans: Company Name	Address
Mortgage Account #	Account #
Credit Cards: Company Name	Account #
Company Name:	Account #

Have you ever declared bankruptcy? If yes, please give details

PERSONAL REFERENCES (please list name and phone number for each)

1)	4)	Phone #
2)	5)	Phone #
3)	6)	Phone #
In case of emergency, contact:		Relationship
		Phone #

VEHICLE INFORMATION

Total Number of Vehicles to be parked at residency:

1) Year	Color	Make/Model	License Tag #
Registered to:			
2) Year	Color	Make/Model	License Tag #

Have you ever been convicted of, or pleaded guilty to, or had any criminal offense(s) disposed of other than by an acquittal or a finding of "not guilty"? yes no

Do you have charges pending against you for any criminal offense(s)? yes no

Have you or any co-occupant ever been employed in an establishment considered to be "adult entertainment"? yes no?

If any of the three (3) questions listed above are marked "yes", please provide details and dates:

APPLICANT AUTHORIZATION

1. The management relies on the information given above to be completed and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application or grounds for an eviction action if later discovered to be false, misrepresented, inaccurate or incomplete information.
2. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, validate and accuracy of all information recorded above. Further, your signature authorized the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.
3. I/We hereby deposit with owner/agent the sum of \$ _____ as an application deposit and \$ _____ as a non-refundable screening fee, on the premises listed below. I/We understand that the application deposit received per the required terms of approval will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy. We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if this application is not approved, providing that all the above questions is answered correctly and truthfully.
4. I warrant that all of the representations in this application are true and correct. I also understand that information provided on this application shall survive approval of this application, and execution of a lease agreement.
5. I understand that occupancy of the apartment is limited to persons identified on this agreement. I remain responsible for all occupants, guests and invitees to my apartment.
6. I agree to submit to Lessor valid photo identification (such as a state driver's license).

In compliance with the Fair Credit Reporting Act, I understand that a consumer credit report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation requested may include information obtained through personal interviews concerning residence verification, marital status, number of dependants, employment, occupation, habits, reputation and mode of living.

The term "Lessor" shall include the Owner-Landlord and *New Life Properties of Ohio, LLC*, as managing agent and any affiliate, agent or employee thereof.

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Authorized Agent