

The Falls at Arlington

614-442-1205

Fax # 614-442-8035

TYPE OR PRINT IN BLACK INK ONLY

LEASE APPLICATION

APPLICANT _____ SOC. SEC. NO. _____ BIRTHDATE _____

Last (Suffix) First Middle
SINGLE MARRIED SEPARATED

SPOUSE _____ SOC. SEC. NO. _____ BIRTHDATE _____

Last (Suffix) First Middle

TOTAL NO. OF OCCUPANTS _____ NAMES AND AGES OF OTHER OCCUPANTS _____

PRESENT ADDRESS _____ PH. NO. () _____

St. No. Street Apt. No. City State Zip

PRESENT LANDLORD OR MORTGAGE CO. _____ PH. NO. () _____

PRESENT LANDLORD OR MORTGAGE CO. ADDRESS _____

St. No. City State Zip

LENGTH RESIDENCE YRS. _____ MOS. _____ MONTHLY RENT OR MORTGAGE PAYMENT \$ _____ MORTGAGE ACCT. NO. _____

PREVIOUS ADDRESS _____

St. No. Street Apt. No. City State Zip

PREVIOUS LANDLORD OR MORTGAGE CO. _____ PH. NO. () _____

PREVIOUS LANDLORD OR MORTGAGE CO. ADDRESS _____

St. No. City State Zip

LENGTH RESIDENCE YRS. _____ MOS. _____ MONTHLY RENT OR MORTGAGE PAYMENT \$ _____ MORTGAGE ACCT. NO. _____

EMPLOYMENT

PRESENT EMPLOYER _____ PH. NO. () _____

PRESENT EMPLOYER ADDRESS _____

Street No. Street Apt. No. City State Zip

POSITION _____ LENGTH OF EMPLOY. _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

PREVIOUS EMPLOYER _____ PH. NO. () _____

PREVIOUS EMPLOYER ADDRESS _____

Street No. Street Apt. No. City State Zip

POSITION _____ LENGTH OF EMPLOY. _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

SPOUSE'S EMPLOYER _____ PH. NO. () _____

SPOUSE'S EMPLOYER ADDRESS _____

Street No. Street Apt. No. City State Zip

POSITION _____ LENGTH OF EMPLOY. _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

BANK AND CREDIT REFERENCES

BANK NAME & ADDRESS _____ CREDITING ACCT. NO. _____

BANK NAME/CREDITOR & ADDRESS _____ LOAN NO. _____

AUTOMOBILES AND OTHER INFO

FIRST CAR _____ SECOND CAR _____

Year Make Model Tag No. State Year Make Model Tag No. State

DRIVERS LICENSE NO. _____ STATE _____ ADDRESS SHOWN _____

IN CASE OF EMERGENCY, NOTIFY _____ PH. NO. () _____

ADDRESS _____

Street No. Street Apt. No. City State Zip

NEAREST RELATIVE NOT LIVING WITH YOU _____ PH. NO. () _____

ADDRESS _____

Street No. Street Apt. No. City State Zip

HAVE YOU EVER BEEN EVICTED FROM A RENTAL RESIDENCE FOR NONPAYMENT OF RENT _____ YES _____ NO

IF YES, LANDLORD NAME _____ PH. NO. () _____

ADDRESS _____

Street No. Street Apt. No. City State Zip

Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain (year, location, type of felony) _____

Applicant represents that all of the above information is true and complete and authorizes the verification of same. Applicant authorizes Lessor/Owner or his agent to conduct background checks on applicant, including, but not limited to credit bureau reports, rental history reports, and criminal conviction reports. Applicant understands that false information given herein may constitute grounds for rejection of this application and/or forfeiture of any deposits.

Applicant has deposited the sum of \$ _____ in the form of a holding deposit with the understanding that this application is subject to approval and acceptance by the Lessor/Owner. Upon approval and acceptance, the applicant agrees to execute the Lessor/Owner's standard lease agreement before possession of residence is given and to pay any balance due on the security deposit within three days after the approval of application or the deposit will be forfeited to the Lessor/Owner. If this application is not approved or if applicant cancels within three days, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance. This application is for information only and does not obligate Lessor/Owner to execute a lease or deliver possession of the proposed residence.

Applicant understands that he is being charged a NON-REFUNDABLE Application Processing Fee of \$ _____.

I, the undersigned Applicant, have read and agree to all provisions of this application.

Applicant's Signature _____

Spouse's Signature _____

Date _____

OFFICE USE ONLY

REQUEST FOR ASAP RESIDENT SCREENING SERVICES

REQUEST DATE: _____ APT. NO. _____

INCOME/RENT RATIO VERIFIED BY _____

MOVE-IN DATE: _____ MONTHLY RENT: _____

RENTAL HISTORY VERIFIED BY _____

ROOMMATE NAME: _____

IS EXTRA DEPOSIT REQUIRED? _____ YES _____ NO

ACE MEMBER: _____

IF YES, REASON WHY: _____

ACE CODE NO: _____

ACE MEMBER FAX NO: (_____) _____

DATE VERIFIED _____

PERSON MAKING REQUEST: _____