

RENTAL APPLICATION

SCREENING SERVICES
440-230-2929 • FAX 440-230-0317

OCCUPANTS

Names of All Adult Co-Tenants: _____

Co-Tenants Social Security #: _____

Names of All Children: _____ Age _____ Age _____ Age _____

Total Number of Pets: _____ Type: _____ Weight: _____ Age: _____ Type: _____ Weight: _____ Age: _____

EMPLOYMENT REFERENCE

Current Employer: _____ Position: _____

Supervisor Name: _____ phone: _____

Length of Employment: _____ NET Pay/month _____

Additional Income: \$ _____ Source: _____

MISCELLANEOUS REFERENCES

1. If you could not meet your financial obligations, who would you turn to for help?

PERSON'S NAME	RELATIONSHIP
---------------	--------------

2. Do you currently carry renter's insurance? If so, list the name of the insurance company and the amount of the policy:

COMPANY NAME	AMOUNT
--------------	--------

3. Does anyone in your household smoke? Yes No
4. Are you currently a co-signer of a loan? Yes No

5. Have your wages ever been garnished? Yes No
If so when? _____

6. Have you ever filed bankruptcy? Yes No
If so, when? _____
Was it discharged? _____ When? _____

7. When is the best date of the month for your rent to be due? _____

MISCELLANEOUS REFERENCES

8. Have you ever been arrested for a felony? _____
If so, list the charge, _____
year, _____ county, _____ and
state: _____

9. Have you ever been served an eviction notice or have you been asked to leave a rental property? _____
If so, when _____ and why? _____

List the Landlord Name, Address and Telephone:

Landlord Name: _____
Address: _____
Telephone: _____

10. Have you ever deposited rent with a court or refused to pay your rent when it was due? _____

If the answer is yes, please explain:

I give permission for a credit report to be run for tenant screening purposes.

**IN ORDER TO BE CONSIDERED FOR TENANCY, THE FOURTH PAGE OF THIS APPLICATION
MUST BE COMPLETED AND SIGNED!!**

I certify that all of the information listed above is truthful and complete.

Signature: _____ Date: _____