



RENTAL APPLICATION FORM

TWO-YEAR LEASE

LESSOR—PROPERTY OWNER/AGENT
1400 Central Ave, Middletown, OH 45044
phone 513.423.4688 fax 513.423.0009



_____ Date

_____ **Property Location** _____ **Rate** _____ **Deposit**

_____ **Primary Name**

_____ E-mail Address

_____ Address _____ City

_____ Social Security No. _____ Date of Birth

_____ Telephone

_____ **Employer**

_____ Employer Address

_____ Employer Phone

_____ Supervisor

_____ Job Title

_____ Length of Employment

_____ Weekly Take Home Pay

_____ Other Income and Source

_____ **Second Name**

_____ E-mail Address

_____ Address _____ City

_____ Social Security No. _____ Date of Birth

_____ Telephone

_____ **Employer**

_____ Employer Address

_____ Employer Phone

_____ Supervisor

_____ Job Title

_____ Length of Employment

_____ Weekly Take Home Pay

_____ Other Income and Source

Reason for Leaving Present Residence

Present Landlord's Name

Address

Phone No.

Present Rental Rate

Credit References

Bank	Type of Account	
Credit Cards	Balance Due	Monthly Payment
Credit Card Name	Balance Due	Monthly Payment
Credit Card Name	Balance Due	Monthly Payment
Loan Co.	Balance Due	Monthly Payment
Other	Balance Due	Monthly Payment

Personal References Please provide name, address, phone number and relationship to you.

List Names of All Occupants

Permission is granted by me/us for securing, including but not limited to, a credit report or credit verification and background review, current and past addresses and employment (currently or in the future).

Signed

Date

Signed

Date