

Rental Application

Property Location _____ Apt. # _____ Date: _____
Number of Bedrooms _____ Maximum Number of Occupants _____ Date Available _____/_____/_____

CONDITIONS OF OCCUPANCY

Lease Term _____ Monthly Rent \$ _____ Security Deposit \$ _____
Date Rent Begins: _____/_____/_____ Prorated Rent \$ _____ Pet Fee \$500.00 per pet.

Utilities Paid By Renter: ___ Gas ___ Electric ___ Water ___ Sewer Other: _____
Pets: ___ No ___ Yes ___ Negotiable Limitations: ___ Unfurnished ___ Furnished ___ Range ___
Dishwasher ___ Refrigerator ___ Washer & Dryer

TO BE COMPLETED BY APPLICANT

Applicant & Co Applicants email address: _____

Applicant & Co Applicant direct cell phone #s _____

APPLICANT'S NAME: _____
First Middle Initial Last

Date of Birth ___/___/___ Soc. Sec. # _____ - _____ - _____ Marital Status: Married Single Widowed Sep Div

Present Address _____ Phone (____) _____ - _____
Street City State Zip

Present Owner _____ Owner's Phone (____) _____ - _____

Owners Address: _____ Rent Amt. \$ _____ Length of Occupancy _____

Previous Address _____ Owner's Phone #(____) _____ - _____
Street City State Zip

Previous Owner _____ Owner's Phone (____) _____ - _____

Owners Address: _____ Rent Amt. \$ _____ Length of Occupancy _____

APPLICANTS PRESENT EMPLOYER _____

EMPLOYER'S ADDRESS _____ SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____) _____ - _____ EXT. # _____

Present Monthly Income (gross) \$ _____ Length of Employment _____ Part time Fulltime

APPLICANTS PREVIOUS EMPLOYER _____

EMPLOYER'S ADDRESS _____ SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____) _____ - _____

Previous Monthly Income (gross) \$ _____ Length of Employment _____ Part time Fulltime

NAME OF CO-APPLICANT _____ MAIDEN NAME _____

DATE OF BIRTH ___/___/___ SOC. SEC. # _____ - _____ - _____ MARITAL STATUS: MARRIED SINGLE

Columbus Real Estate Pros.com

670 Enterprise Dr. Suite A. Lewis Center Ohio 43035 Phone: 888-467-9166 Fax: 614-474-8200

WIDOWED SEP DIV

Present Address _____ Phone (____)____ - _____
Street City State Zip

Present Owner _____ Owner's Phone (____)____ - _____

Owners Address: _____ Rent Amt. \$ _____

Length of Occupancy _____

Previous Address _____ Owner's Phone #(____)____ - _____
Street City State Zip

Previous Owner _____ Owner's Phone (____)____ - _____

Owners Address: _____ Rent Amt. \$ _____ Length of Occupancy _____

Co - APPLICANTS PRESENT EMPLOYER _____

EMPLOYER'S ADDRESS _____

SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____)____ - _____ EXT. # _____

Present Monthly Income (gross) \$ _____ Length of Employment _____ Part time Fulltime

APPLICANTS PREVIOUS EMPLOYER _____

EMPLOYER'S ADDRESS _____

SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____)____ - _____

PREVIOUS MONTHLY INCOME (GROSS) \$ _____ LENGTH OF EMPLOYMENT _____ PART TIME FULLTIME

VEHICLES (1) YEAR _____ MAKE _____ MODEL _____ LICENSE # _____

(2) YEAR _____ MAKE _____ MODEL _____ LICENSE # _____

CREDIT NAME _____ NAME _____

CARDS NAME _____ NAME _____

BANK BANK NAME _____ CHECKING ACCOUNT # _____

REFERENCES BANK NAME _____ SAVINGS ACCOUNT # _____

PERSONAL NAME _____ PHONE #(____)____ - _____

REFERENCES ADDRESS _____

Name _____ Phone #(____)____ - _____

ADDRESS _____

TRADE NAME _____ PHONE #(____)____ - _____

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REFERENCES ADDRESS _____

Name _____ Phone #(_____) _____ - _____

ADDRESS _____

EMERGENCY (LIST RELATIVE OR FRIEND)

NAME _____ RELATIONSHIP _____ PHONE #(_____) _____ - _____

ADDRESS _____

Name _____ Relationship _____ Phone #(_____) _____ - _____

ADDRESS _____

Have you ever filed bankruptcy?: _____ YES _____ NO

If yes, please explain:

Do you plan to file bankruptcy now, or in the next twelve months?

Have you ever been evicted? _____ YES _____ NO

Have you ever been convicted of a crime other than a minor traffic offense? _____ YES _____ NO

Do you have any pets? Y / N (See pet waiver/application) Detail:

Please list **any** additional occupants that will occupy premises (including roommates)

_____ Relationship _____ Age _____

_____ Relationship _____ Age _____

_____ Relationship _____ Age _____

Application Taken By: _____ Date: _____ / _____ / _____

Fee Recorded \$ _____

Application: Approved Rejected
_____ / _____ / _____

Date Applicant Notified:

I hereby deposit with owner/agent, the sum equal to one months rent as a holding fee on the above premises pending execution of a lease agreement. I understand that my holding fee will be applied toward any rent loss, advertising costs, re-rental fees, etc. If this application is approved and I am unable to fulfill the conditions outlined in this application. If this application is not approved, providing all the above questions are answered correctly and truthfully the fee shall be returned.

The undersigned does hereby consent that all information stated on this application may be verified and processed through a Credit Reporting Agency. This may include a credit and police report. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent.

A payment of \$75.00 is included herewith, which payment is made for the purpose of verifying the information included on this application. I understand this charge is not under any circumstance to be returned to me.

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release any and all information that may be required for the purpose of a credit & background transaction.

Thank you.

_____	____/____/____
(Signature)	(Date)
____-____-____	
(Social Security Number)	
_____	____/____/____
(Signature)	(Date)
____-____-____	
(Social Security Number)	
_____	____/____/____
(Signature)	(Date)
____-____-____	
(Social Security Number)	
_____	____/____/____
(Print Name)	(Birth Date)



PET WAIVER

(Becomes a part of the Lease Agreement)

The Applicant(s) states that he/she does not intend to obtain and house a pet of any kind during the term of the lease while residing at:

Property Address:

Should the undersigned decide to obtain a pet, the undersigned agrees to obtain written permission from the Property Manager prior to obtaining a pet.

Applicant(s) further agrees that if he/she should obtain a pet without the written permission of the Property Manager, will pay a penalty of **\$500.00** plus normal monthly pet rent fee of **\$20.00** retroactive to the date of the lease signing, and also will pay the non-refundable Pet Fee of **\$500.00** for permission to house a pet (See Pet Application & Lease). The penalty, non-refundable fee retroactive rent shall become due and payable upon notification by the Property Manager.

Applicant has been advised of and understands the pet policy and pet restrictions of Columbus Real Estate Pros.com.

Applicant/Resident	Date
Applicant/Resident	Date
Guarantor	Date

PET APPLICATION

(Becomes a part of the Lease Agreement)

This is an application to house a pet. It is NOT permission to house a pet until the Property Manager has given his approval.
Only the following described pet is authorized to be kept in the resident's apartment/house. No substitutions are allowed. No other pet shall be on the premises by residents or resident's guests and/or visitors, or occupants.

CERTAIN RESTRICTIONS APPLY FOR DOGS AND CATS. NO OTHER MAMMALS, REPTILES, RODENTS AND/OR INSECTS WILL BE ALLOWED.

Resident's Name:	Home Phone:
Resident's Address:	
Name of Pet:	Photo Attached:
Type of Pet:	Breed: Color:
Weight :	Height: Housebroken:
Spade/Neutered:	Declawed: Age:
Copy of License & Record of Immunization Attached	

Applicant hereby pays a Non-refundable Pet Fee of \$500.00 for permission to house the above pet. This Non-refundable Pet Fee will not be used for damages, defleaing, deodorizing, and/or shampooing the carpets.
Applicant agrees to pay \$20.00 per month as rent for housing of pet.
Rent and Non-refundable Pet Fee must accompany this application.

Applicant/Resident	Date
Applicant/Resident	Date
Guarantor	Date
Approved/Date	Declined/Date

ColumbusRealEstatePros LLC and YourEstatePros LLC

CREDIT CARD PAYMENT FORM

To pay by credit card, fill out the form below.

Credit or Debit type (circle one) Visa Mastercard

Name as it appears on the Card: _____
Home address _____
City State _____
Zip code _____

Credit Card Number: _____

Security Code (3-4 digit # on back of the card): _____

Expiration Date: _____

Amount to be Charged: _____ + \$25 Convenience Fee

Signature _____ Date _____

By completing and signing this form, I understand that I am agreeing to and will be responsible for the charges listed above.