

STRATFORD TOWN APARTMENTS LLC
RENTAL APPLICATION

Property Location _____ Unit _____ Style _____ Date _____
Lease Term _____ Monthly Rent _____ Security Deposit _____
Prorated Rent _____ Monthly Pet Fee _____ (Dog or Cat)

THE APPLICANT IS TO COMPLETE THE INFORMATION BELOW:

Applicant's Name _____ SS# _____

Date of Birth ____/____/____ Phone Number _____ E-Mail _____

Current Address

City _____ State _____ Zip _____ County _____
Current Landlord's Name and Phone _____
Current Monthly Rent Amount _____ Length of Occupation _____

Prior Address(1)

City _____ State _____ Zip _____ County _____
Prior Landlord's Name and Phone _____
Prior Monthly Rent Amount _____ Length of Occupation _____

Prior Address(2)

City _____ State _____ Zip _____ County _____
Prior Landlord's Name and Phone _____
Prior Monthly Rent Amount _____ Length of Occupation _____

Current Employer

City _____ State _____ Zip Code _____
Your Position _____ Supervisor's Name _____ Phone _____
How often are you paid (circle one): Weekly OR Every Other Week?.....If other, note here: _____
Current Monthly Income (Gross)\$ _____ Length of Employment _____ Full time or Part time?

Driver's License #

Exp. Date _____ City _____ County _____ Zip _____
Address on License _____

Vehicle Information

(1) Year _____ Make _____ Model _____ Color _____ License # _____
(2) Year _____ Make _____ Model _____ Color _____ License # _____

Childrens Names

Name _____ Date of Birth _____
Name _____ Date of Birth _____

Have you ever had an eviction filed against you in your name? Circle one: Yes or No

Are you or any other applicant/occupant for this apartment a registered sex offender? Circle one: Yes or No

Emergency Contact: List relative or friend (not living with you)

Name _____ Relation _____ Phone _____
Address _____ City _____ St _____ Zip Code _____

I hereby deposit with the owner/agent the sum of \$ _____ for the security deposit on the premises designated above pending execution of a lease agreement. I understand that my deposit may be applied toward any loss, advertising costs, rent, etc., if this application is approved and I am unable to fulfill the conditions of the lease agreement. *(The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.)*

I hereby grant permission to the owner/agent to verify through the Columbus Credit Bureau the validity of all the above statements to be true and correct. In addition, I grant the owner/agent permission to investigate my background by any means the owner/agent chooses. I understand that this application does not constitute any oral and/or written commitment on the part of the owner/agent. A payment of \$ _____ is included herewith, which payment is made for the purpose of verifying/researching information about me. I UNDERSTAND THAT THIS CHARGE WILL NOT, UNDER ANY CIRCUMSTANCE, TO BE RETURNED TO ME.

Applicant Signature: _____ **Date:** _____

OFFICE: App. Taken By _____ Date _____ Fee Received _____
App. Approved _____ Rejected _____ Why Rejected? _____ Date Notified: _____