

Wallace F. Ackley Co.

2783 E. Main Street Columbus, Ohio 43209 (614)231-3661 Fax (614)231-2007 www.wfaco.com

OFFICE USE ONLY:	Owner Code:					
☐ Resident ☐ Guarantor/Relationship:						
Address:						
Appl. Date/Time:	Move in Date:					
Rent:	Deposit:					
Driver's License Copied/Attached:						

APPLICATION & CONSENT AGREEMENT

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(Please make sure all items are complete and additional documents are with application.)

(Flease Illa	ke sure an ner	nis are comp	nete and addi	uoriai uocuii	ieriis are wii	п аррисацоп.)	
Applicant's Full Name			Date of Birth		Social Security #			
Spouse's Name			Date of Birth		Social Security #			
Applicant's Phone #	Applicant's C	ell Phone #	Applicant's Email Addre			Marital Status		
Other Occupants Name			Date of Birth			Relationship		
Other Occupants Name			Date of Birth			Relationship		
Other OccupantsName	Date of Birth			Relationship				
DEGIDE	ITIAI LIIC	TODV (D)			-4 -6	if necessary		
	TIAL IIIS	HOKT (PI	ease use a s	separate sne	et or paper			
Present Address/City, State, Zip							Monthly Payment	
Apartment Name or Mortgage Holder		Address/City						
Phone#	How Long Re	esided	Reason for Moving					
Previous Address/City, State, Zip			Monthly Payment				nent	
Apartment Community or Mortgage Hold	er	Address						
Phone#	How Long Re	esided	Reason for Moving					
Have you or your co-applicant ever been	threatened with	h an eviction fi	rom any leased	I premises? If	yes, please e	xplain.		
		FMPI O	YMENT F	IISTORY				
Present Employer			Position			Supervisor		
						·		
Business Address			Phone #		How Long		Gross Yearly Income \$	
Previous Employer			Position			Supervisor		
Business Address			Phone #		How Long	Approximate	Gross Yearly Income \$	
Spouse's Employer			Position			Supervisor		
Business Address			Phone #		How Long	Approximate	Gross Yearly Income \$	
Spouse's Previous Employer			Position			Supervisor		
Business Address			Phone #		How Long	Approximate	Gross Yearly Income \$	

		MISCELLA	NEOUS INFORMA	ATION			
Other Income?							
Have you ever been con	nvicted of a crime oth	er than a minor traffic of	fense? If yes, please expla	ain			
		VEHIC	LE INFORMATIO	N			
Total Number of Vehicle	es to be Parked at Re	esidence:					
1) Year	Color	Make/Model	Make/Model			License Tag #	
2) Year	Color	Make/Model	Make/Model		License Tag #		
		PERSO	NAL REFERENC	FS			
1) Name Address					Phone #		
2) Name Address				Phone #			
In case of emergency, contact			Relationship			Phone #	
		HOW DID Y	OU HEAR ABOU	T US?			
			Sign - Drive By		☐ Previous Resident		
☐ Newspaper Other		☐ Referral	☐ Referral		☐ Apartment Guides		
☐ Yellow Pages ☐		☐ Transfer	☐ Transfer		☐ Internet		
☐ Other							
statements, misreprese undersigned hereby cel Lessor may terminate a responsible for all rent, agencies to verify credi Further, your signature	entations, inaccurate in rify that if any such in any or all of the under damages, costs, and it, release employment authorizes the manage	nformation or failure to s formation is later discove signed's tenancies (if any any other charges. By s t and income status, pre		above may serve a essee or Guaranto forthwith, and tha u are authorizing th nd validate the acc	s a rejection of r violates the f t both Lessee ne use of any uracy of all in	of your application. The terms of the lease, that and Guarantor will be credit reporting/screening	
I/We hereby deposit v	with owner/agent the	sum of	as a non-refundable applic	ation fee, for the p	remises listed	l below.	
· ·	• • • • • • • • • • • • • • • • • • • •	,,	nay reserve the apartment	,,,,	•		
the applicant does not t	take the apartment. I/ conditions of occupa	We understand that the s	It of the processing of this security deposit will be reta returned if this application	ained by the mana	gement if this	application is approved and	
Signature					Date		
Signature					Date		