
Application to Rent

All Applicants must be over the age of 18

Applicant:

First and Last Name:	Date of Birth	Cell Phone
Social Security Number	Home Phone	

Applicant's Employment: **Please include a copy of your last 2 months of employment PAYSTUBS**

	Current Employment	Prior Employment
Employer:		
Address:		
Employer's Phone		
Dates of Employment	From: To:	From: To:
Income per month	\$	\$

Applicant's Current Residence: **Sign the Landlord Verification included in this Application Packet**

	Current Residence	Previous Residence
Street Address		
City		
State and Zip		
Dates of stay	Move in: Move Out:	Move in: Move out:
Landlord Name:		
Landlord Phone:		
Reason for leaving:		
Last Rent amount:		

Please Note: Any additional applicants over the age of 18, MUST FILL OUT their own application before approval.

Please answer the following questions below to the best of your ability:

- Do you smoke? _____
- Do you have any pets? _____ IF YES, how many? _____
- Have you ever filed for bankruptcy? _____
- Have you ever been convicted? _____
- Have you ever been evicted for any reason? _____
- How many children will be residing in your home? _____
- Including yourself, how many adults will be residing in your home? _____
If this number is more than one, any additional adults must complete a separate application

Is the Applicant Self-Pay or a Section 8 Tenant (circle one)

**If applicant is a Section 8 Tenant, how many bedrooms are on your voucher _____
(Please include a copy of your Voucher with this application!)**

Section 8 tenants: is your voucher in Mahoning or Trumbull County (Circle One)

X _____
Signature

PLEASE NOTE:

YOU MUST PROVIDE ALL THE ITEMS REQUIRED IN ORDER TO BE APPROVED.

Please allow 24-48 Hours to receive a response.

Office Use Only:

Approved: _____

Denied: _____

Reasons for denial:

Funtulis Property Group LLC
200 Chestnut Ave. Unit C Warren, Ohio 44483
Phone: 330-367-1000
Fax: 330-367-4202

Date _____

To whom this may concern,

_____, (the "Tenant") has granted us, Funtulis Property Group (the "Requestor"), authorized consent to verify tenancy in regard to the rental unit located at

and have specified you and/or your company as a present or previous landlord. Once completed please send to either:

Fax Number 330-367-4202 E-Mail Gfuntulis@aol.com

LANDLORD, PLEASE COMPLETE, DATE, AND SIGN THIS FORM

Is the applicant (s) currently renting from you? Yes No

If so, is the applicant current with all rental payments? Yes No

Was the applicant ever late within the last 12 months? Yes No. If so, how many times? _____

Has the applicant ever been more than thirty (30) days late with rent payments? Yes No

Did the applicant have any pets? Yes No

Have you had to give the applicant a notice at any time during the last twelve (12) months? Yes No

If so, for what reason? _____

Was there ever any trouble or damages? Yes No

If so, what kind? _____

Have you ever received any complaints from neighbors of this applicant? Yes No



If so, what kind? _____

Was the matter resolved quickly? Yes No

Has the resident completed their lease terms? Yes No

If the Tenant is a current resident, has the applicant given notice to you that they will be moving? Yes No

Was the applicant asked to vacate by you or one of your company representatives?

Yes No

If so, why? _____

Did you or will you have to withhold part or all of the deposit because of damages?

Yes No

Is the applicant moving voluntarily or after judicial eviction? Yes No

Would you rent to this applicant again? Yes No

Does the applicant owe you any money? Yes No. If so, how much? _____

_____ Print _____
Landlord's (or Representative's) Signature

Please send this verification form back to us as soon as possible. Please fax, email, or call us with your responses and/or comments.

Kelli Funtulis _____ Print Kelli Funtulis _____
Requestor's Signature

