

RENTAL APPLICATION

Margetis Investments, LLC
Margetis Partners
2465 North High Street
Columbus, OH 43202
Tel 614-261-6882
Fax 614-261-6855

Date of Application _____ for Apt/Address _____

Applicant's Information:

Name _____ Date of Birth _____

Age: _____ Email Address _____

Phone #s: Home _____ Cell _____ Work _____

Social Security # _____ - _____ - _____ Driver's License # _____

State _____

Present Address _____

City _____ State _____ Zip _____ How Long? _____

Present Landlord _____ Rent _____ Phone # _____

Previous Address _____

City _____ State _____ Zip _____ How Long? _____

Previous Landlord _____ Phone # _____

Present Employer _____ Phone # _____

How Long? _____ May we contact? Yes _____ No _____ If no, please explain on back of Application.

Previous Employer _____ Phone # _____

How Long? _____ May we contact? Yes _____ No _____ If no, please explain on back of Application.

Car year, make, model, color, and tag number: _____

Person to Contact in an Emergency:

Name _____ Phone # _____

Nearest Relative not living with you:

Name _____ Phone # _____

Personal Reference:

Name _____ Phone # _____

Relation _____ Phone # _____

Have you ever been evicted, sued, or asked to leave a rental property?

Yes _____ No _____ Please explain: _____

How will your rent be paid? Earnings _____ Parent _____ Other _____

Explain other _____

I hereby authorize Margetis Investments, LLC/Margetis Partners to check my background, credit history, and references and attest that the above information is correct.

(Applicant's signature)
