

EMPLOYMENT INFORMATION:

Present Employer _____ Position _____
Business Address _____
Bus. Phone # _____
Supervisor _____ Employed Since _____
Gross Monthly Salary _____

Previous Employer _____ Position _____
Business Address _____
Bus. Phone # _____
Supervisor _____ Employed Since _____
Gross Monthly Salary _____
Other source of income? **Yes** **No**
How much per month? _____ Source _____

BANK REFERENCES:

Checking Acct. No. _____ Bank Name & Branch _____
Phone _____ Address _____
Savings Acct. No. _____ Bank Name & Branch _____
Phone _____ Address _____

CREDIT REFERENCES:

Name _____	Address _____			
Acct. No. _____	Mo. Payment _____	\$ _____	Open _____	Closed _____
Name _____	Address _____			
Acct. No. _____	Mo. Payment _____	\$ _____	Open _____	Closed _____
Name _____	Address _____			
Acct. No. _____	Mo. Payment _____	\$ _____	Open _____	Closed _____

VEHICLE INFORMATION:

Year _____ Make & Model _____ Color _____
License No. _____ State _____ Registered to _____
Year _____ Make & Model _____ Color _____
License No. _____ State _____ Registered to _____

MISCELLANEOUS INFORMATION REQUIRES:

Do you have apartment insurance?	Yes	No
If yes, Name of Company _____		
Have you or co-applicant ever been sued for non-payment of rent?	Yes	No
Ever been evicted or asked to move out?	Yes	No
Broken a rental agreement or lease?	Yes	No
Been sued for damage to rental property?	Yes	No
Declared Bankruptcy?	Yes	No

I understand I acquire no rights to an apartment until I sign a Lease and it has been accepted by the Lessor. I acknowledge that I will not be permitted to park motorcycles, trailers, RV's, boats, or other watercraft within the boundaries of the Apartment Community. I acknowledge that I have been advised on the owner's policy as relating to Pets, and that no Pets are allowed without the proper Pet addendum added to my Lease. I must show valid ID at time of application.

CORRECT INFORMATION-Applicant represents that all the above statements are true and complete and hereby authorizes verification of above information, references, and credit records. Applicant acknowledges that false information herein may constitute a criminal offense under the laws of this state.

UNIT DEPOSIT AGREEMENT- If applicant is approved by owner, but fails to enter in the contemplated lease, the Unit Deposit shall be forfeited to the owner as liquidated damages. Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not oblige owner or owner's agent to execute a lease or deliver possession of the proposed premises.

A Non-refundable Application Processing Fee of \$35.00 due with Application.

**I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORDS, CREDIT, AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION.
I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT.
THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.**

Total Due with Application \$35.00 Amount Paid _____ **Ck #** _____
Signature of applicant _____ **Date** _____

**MAKE CHECKS PAYABLE TO:
Front Door Property Managers, LTD
1500 West Third Avenue #400
Columbus, Ohio 43212**

ALL ASTRICK ITEMS MUST BE COMPLETED

**INDEPENDENT OWNER LANDLORD PROGRAM
CREDIT BUREAU OF COLUMBUS
FAX REQUEST FORM
FAX REQUEST TO (800)-324-4595**

Consumer Information:

*Legal name _____ *SSN _____

*Full address _____
Street City State Zip Code

*Country _____ *DOB _____

By signing below, I give the Credit Bureau of Columbus permission to seek copies of requested report.
I do hereby release all individuals connected here with from any liability.

* _____ * _____
Signature Date

FOR COMPANY ONLY

Individual Credit and Landlord Data Bases:

_____ Equifax Infile Credit Report with Consumer Links Report.

Criminal/Conviction Reports

___ Ohio Statewide Criminal/Convictions

___ Statewide Convictions for ___ State (Limited States Available).
(May incur additional charge)

___ Single County Conviction Search for _____ Count(ies).
(May incur additional charge)

CBC Member Information:

Company Requesting: **FRONT DOOR PROPERTIES**. CBC Billing Number: **02DS36720**.

Phone Number: **614-989-3318** Fax Number: **614-488-1905**

Person Requesting: **Prindall H. Martz** Signature: _____

Permissible Purpose: **Real Estate**