



Managing your property
... FOR YOUR PROFIT

1465 Northwest Blvd, Suite 200 Columbus, Ohio 43212
Telephone: 614-989-3318/Fax: 614-488-1905

OFFICE USE ONLY
Company Name _____
Apt. Address _____
Move-In Date _____

RENTAL APPLICATION

Applicant's Name _____ Cell #: _____
First Middle Last

D/O/B _____ SS# _____ Driver's Lic# & State _____

E-mail address: _____

Total Number of Occupants _____ How Many Pets Do You Or Occupants Own _____

Kind of Pet, Breed, Weight and Age _____

IT IS UNDERSTOOD THAT THE APPLICANT(S) ARE ALL APPROVED OCCUPANTS AND RESIDING IN THE APARTMENT WILL COMPLY WITH THE TERMS AND CONDITIONS OF THE LEASE.

RESIDENT'S HISTORY:

Present Address _____
Street Address City State Zip Code

How long: _____ Landlord _____ Landlord Phone# _____

Monthly rent: _____

Previous Address: _____
Street City State Zip Code

How long: _____ Landlord: _____ Landlord Phone#: _____

Previous Address: _____
Street City State Zip Code

How Long: _____ Landlord: _____ Landlord Phone#: _____

EMPLOYMENT INFORMATION:

Present Employer _____ Position _____

Business Address _____ Bus. Phone # _____

Supervisor _____ Employed Since _____

Gross Monthly Salary _____

Previous Employer _____ Position _____

Business Address _____ Phone # _____

Supervisor _____ Employed Since _____

Gross Monthly Salary _____

Other source of income? **Y N** How much per month? _____ Source: _____

BANK REFERENCES:

Checking Acct. No. _____ Bank Name & Branch _____

Phone: _____ Address: _____

Savings Acct. No. _____ Bank Name & Branch _____

CREDIT REFERENCES:

Name _____ Address _____

Acct.No. _____ Mo.Payment _____ Open/Closed _____

Name _____ Address _____

Address _____

Acct.No. _____ Mo.Payment _____ Open/Closed _____

Name _____ Address _____

Acct.No. _____ Mo.Payment _____ Open/Closed _____

MISCELLANEOUS INFORMATION REQUIRES:

Do you have apartment insurance? **Y N**

If yes, Name of Company _____

Have you or co-applicant ever been sued for non-payment of rent? **Y N**

Ever been evicted or asked to move out? **Y N**

Broken a rental agreement or lease? **Y N**

Been sued for damage to rental property? **Y N**

Declared Bankruptcy? **Y N**

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 **\$50.00** 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 \$ _____ **Paid** _____ **Ck #** _____

Signature of applicant _____ Date _____

**MAKE CHECKS PAYABLE TO: Front Door Property Managers, LTD
1465 Northwest Boulevard, Suite 200
Columbus, Ohio 43212**

ALL ASTRICK ITEMS MUST BE COMPLETED

**INDEPENDENT OWNER LANDLORD PROGRAM
CREDIT BUREAU OF COLUMBUS
FAX REQUEST FORM
FAX REQUEST TO 1-800-324-4595**

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 FRONT DOOR PROPERTY MANAGERS 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**