COLLEGE REAL ESTATE

Property Management



Rental Application

| Property Address: | | Date: |
|--|----------------------|-------------|
| Name (first applicant): | | Birth Date: |
| Social Security #: | | |
| Driver's License #: | | |
| Car make and model: | | |
| Cell #: | | |
| Current Address: | | |
| Place of Employment: | | |
| Work Phone #: | Fax #: | |
| Income Amount: Monthly | y?: Weekly?: | Bi-weekly?: |
| How many will be living in house hold? | | |
| Do you have any pets?: Hov | w many?: What kind?: | |
| Current Landlord: | | |
| Landlord Address: | | |
| Previous Landlord: | | |
| Landlord Address: | | How long?: |
| Property Address: | | Date: |
| Name (first applicant): | | Birth Date: |
| Social Security #: | email address: | |
| Driver's License #: | License Plate # | |
| Car make and model: | | |
| Cell #: | Home Phone #: | |
| Current Address: | | How long?: |
| Place of Employment: | | How long?: |
| Work Phone #: | Fax #: | |
| Income Amount: Monthly | v?: Weekly?: | Bi-weekly?: |
| How many will be living in house hold? | | |
| Do you have any pets?: Hov | w many?: What kind?: | |
| Current Landlord: | Phone #: | |
| Landlord Address: | | How long?: |
| Previous Landlord: | Phone #: | |
| Landlord Address: | | How long?: |

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| List two credit references | : | | | |
|-------------------------------|----------------------------|----------------------|-----------------------|----------------|
| Name: | Phone #: | | | |
| Address: | | | | |
| Type of loan: | Account #: | | | _ |
| Name: | | | | |
| Address: | , | | | |
| Type of loan: | | | | _ |
| List two relatives not living | g with you: | | | |
| Name: | | Relation: | | |
| Address: | | | | |
| Phone #: | | | | |
| | | | | |
| Name: | | Relation: | | |
| Address: | | | · | |
| Phone #: | | | | |
| I give my consent for agent | s or employees of Colle | ge Property Manag | ement to check any | of my credit |
| references and/or other re | ferences listed or otherv | wise, for the purpos | se of being qualified | l to rent |
| property owned or manage | ed by College Property M | lanagement. | | |
| Signature: | | | _ Date: | |
| Signature: | | | _ Date: | |
| I give my consent for any o | f my creditor and/or lan | dlords, past or pres | sent to release cred | it information |
| that would pertain to this r | ental application to Coll | ege Property Mana | gement. | |
| Signature: | | | Date: | |
| Signature: | | | _ Date: | |
| ** We will need to make a | copy of your driver's lice | ense, please have it | ready.** | |

5020 B College Corner Pike – Oxford, Ohio 45056 – Phone: (513) 523-6658 – Fax: (513) 523-6660

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