

RENTAL APPLICATION – PROPERTIES UNLIMITED

APPLICATION for occupancy of 10074 Edgerton, Miamisburg, Ohio. Application submitted: _____
to Peggy A. Rahe Manager/Agent, Phone 937-431-6473 or 937-361-9599 cell ext. fax:866-241-5201

I (we) authorize anyone to investigate the facts, obtain and exchange reports regarding this application or resulting account with credit report agencies and others. On request I (we) will be told each agency's name and address. Investigation can take 5 full working WEEK days after this date.

INSTRUCTIONS: A response is required for each blank. Use N/A if not applicable. If married less than two years or not to each other, each must make a separate application. Please print except for signature. Use full names and initials. If living with relatives use last previous address as present address

MARITAL STATUS Single / Married since (date) _____ Divorced since (date) _____ Former Spouse

List all former Full names including Initials used and dates used

Check applicable boxes. Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? Yes No

Has any signer ever been sued for eviction? Yes No

Has any signer ever been bankrupt? Yes No

Has any signer ever been guilty of a felony? Yes No

Name in which utilities are now billed and account number

APPLICANT NAME _____

CO-APPLICANT OR SPOUSE'S NAME _____

Birthdate: _____ SS # _____

Birthdate: _____ SS # _____

DRIVERS LICENSES: State issued _____ # _____

DRIVERS LICENSES: State issued _____ # _____

INCOME: Last year 19 ___ \$ _____ Weekly/Bi-Weekly _____

INCOME: Last year 19 _____ \$ _____ Weekly/Bi-Weekly _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

LANDLORD NAME _____ ADDR _____ CITY _____ STATE _____ ZIP _____

Rent/Month \$ _____ LANDLORD'S PHONE No _____ YOUR PHONE HOME _____ WORK _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked/told to leave? Yes No

PAST ADDRESS _____ CITY _____ STATE _____ ZIP _____

PAST LANDLORD _____ ADDR _____ CITY _____ STATE _____ ZIP _____

Rent/Month \$ _____ From _____ To _____ LANDLORD'S PHONE NUMBER _____

Your home phone number: _____ work: _____

cell phone _____

spouse at work: _____

PAST ADDRESS _____ CITY _____ STATE _____ ZIP _____

PAST LANDLORD _____ ADDR _____ CITY _____ STATE _____ ZIP _____

Rent/Month \$ _____ From _____ To _____ LANDLORD'S PHONE NUMBER _____

OCCUPANTS: Number to occupy _____

Names & Birth dates: _____

Does anyone who will reside in rental unit have any handicap that will require modification of the unit? Yes No

Does anyone who will reside in rental unit smoke? Yes No This is classified as a **NON SMOKING PROPERTY**

Do you have pets Yes No If yes, give details on the back (number, type and size). **No pets are permitted without written permission from the landlord. There are NO exceptions. Security deposit will be forfeited if you violate these rule.**

CARS:

#1 Model/Color _____ State _____ License Plate #1 _____ Lien Holder _____

#2 Model/Color _____ State _____ License Plate #2 _____ Lien Holder _____

APPLICANT'S EMPLOYER: _____ | **SPOUSE'S EMPLOYER:** _____

Street/City _____ | Street/City _____

What do you do? _____ | What do they do? _____

Supervisor _____ | Supervisor _____

Work Hours _____ Work Ph No _____ | Work Hours _____ Work Ph Number _____

REFERENCES:

Relative _____ Relation _____

Home Phone _____ Work Phone _____ Address _____

Non Relative _____ Relation _____

Home Phone _____ Work Phone _____ Address _____

Your Mother's Maiden Name: _____

Spouse's Mother's Maiden Name: _____

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Who to notify for emergency: Name _____ Relation _____

YOUR CURRENT Phone Number _____ Second Phone Number _____

YOU MUST FILL OUT ENTIRE APPLICATION TO BE CONSIDERED

CREDIT ACCOUNTS Current (open) including credit card(s).

NAME	ADDRESS	ACCOUNT#	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHECKING ACCOUNT

NAME	ADDRESS	ACCOUNT#	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

SAVINGS ACCOUNT

NAME	ADDRESS	ACCOUNT#	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

It is understood that the **\$50.00** fee for person signing the lease. This fee is NOT refundable. If the application is approved the **FULL** deposit shall be paid and held by the landlord to secure performance of the conditions of the rental agreement.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTO OF THIS FORM AT ANY TIME.

Receipt of the sums above is hereby acknowledged. x _____

x _____

Where can we contact you once we know you have been approved?

Work: _____ Home: _____

Peggy Rahe
Bus: 937 431-6473 office Fax937-433-3561 H:\INVESTEMAPPLICATIONRENT.DOC REV 6/2003

Updated 8/3/03