

RENTAL APPLICATION – PROPERTIES UNLIMITED

Rev.2010.06.23

APPLICATION for occupancy of _____, Application submitted: _____
to Peggy A. Rahe Manager/Agent, Phone 937-431-6473 or 937-361-9599 cell ext. fax: (866) 241-5201 **checks payable to Peggy Rahe**

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

Has any signer ever been arrest or convicted of drug use or trafficking? 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 this 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 _____
