

Rental Application

Youngstown OH 44505

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Applicant Information

Name:		Drivers License:	
Date of birth:	SSN:	Phone:	
Current address:		Landlord (Name & Phone):	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:		Landlord (Name & Phone):	
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information

Name:		Drivers License:	
Date of birth:	SSN:	Phone:	
Current address:		Landlord (Name & Phone):	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Previous address:		Landlord (Name & Phone):	
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?

Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Credit Information

Creditor	Account#	Monthly Payment	Balance Due
Name of Bank	Branch/Location	Account#	Balance

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Personal Information

E-mail:

Auto Make:	Model:	Year:	License#	Color:
Auto Make:	Model:	Year:	License#	Color:
Auto Make:	Model:	Year:	License#	Color:
Auto Make:	Model:	Year:	License#	Color:

Do any applicants smoke? Yes No

Pets or service animals	Type:	Indoor Outdoor Both (please circle)	Weight:
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Has any applicant been a party to an unlawful detainer action (eviction) within the last 5 years? Yes No

If yes, when: County:

Explain:

Has any applicants ever been convicted of or pleaded no contest to a felony? Yes No

If yes, when: County:

Charges:

Has any applicant ever been asked to move out of a residence? Yes No

If yes, when: County:

Explain:

How long do you plan on living at this address? Less than a year. One to two years. As long as possible.

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of co-applicant:

Date: