

# RESIDENTIAL RENTAL APPLICATION

(Each Co-Resident, 18 or older, must submit a separate application)

Date: \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ if yes please explain: \_\_\_\_\_

Have you ever been convicted of crime? \_\_\_\_\_ if yes please explain: \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

**LIST ALL PERSONS WHO WILL BE OCCUPYING THIS HOME**

NAME	RELATIONSHIP	AGE

**EMPLOYMENT HISTORY**

**CURRENT EMPLOYER:** \_\_\_\_\_ COMPANY PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ COMPANY PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

**SPOUSE'S EMPLOYMENT**

**CURRENT EMPLOYER:** \_\_\_\_\_ COMPANY PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

**RESIDENTIAL HISTORY**

**CURRENT APARTMENT NAME OR LANDLORD:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD'S PHONE: (\_\_\_\_) \_\_\_\_\_ RESIDED THERE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

**PREVIOUS APARTMENT NAME OR LANDLORD:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD'S PHONE: (\_\_\_\_) \_\_\_\_\_ RESIDED THERE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

**PREVIOUS APARTMENT NAME OR LANDLORD:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD'S PHONE: (\_\_\_\_) \_\_\_\_\_ RESIDED THERE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_

**PETS**

TYPE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BREED: \_\_\_\_\_

TYPE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BREED: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list two relatives or personal references:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT**

In case of Emergency, please notify:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

Address in which you are applying for: \_\_\_\_\_

Date needed by: \_\_\_\_\_ Lease term: 12 month 24 month 36 month  
Circle one

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION**

I/We hereby acknowledge a \$35.00 non-refundable fee to be used in the processing of this application. I understand this charge is not, under any circumstances, to be returned to me. If approved, then I/we may elect to pay a security deposit to reserve the rental property. This security deposit is fully refundable for a period of TWENTY FOUR HOURS. If I/We cancel this application after the twenty four hour period, then the security deposit will be forfeited. The foregoing information is true, complete and accurate and if found to be contrary, this application will be declined on the grounds of falsification. Inquires will be made to verify the statements made. This also certifies that only those mentioned in this application are to occupy the premises. Applicant agrees to allow lessor to obtain a credit report, background check and/or make appropriate inquires of employers or landlords listed upon this application. In the event applicant defaults under the terms of any agreement with lessor, applicant specifically authorizes lessor to obtain additional credit reports and contact any current or future employers to assist in collection of any monies due.

Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Please return the application along with proof of income for the past 30 days a copy of your ID's and application fees payable in money order form. Please note the rental home will not be held until a deposit is paid.

**Attn: S&P Rentals  
Tjeffers@sandprentals.com  
2700 E. Dublin Granville Rd. Suite 300  
Columbus, OH 43231  
614.898.7200 X100**

Address: \_\_\_\_\_

Date needed by: \_\_\_\_\_ Date Rented: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	DUE	PAID	DATE
<b>Application Fee:</b>	_____	_____	_____
<b>Deposit:</b>	_____	_____	_____
<b>Pet Deposit:</b>	_____	_____	_____
<b>TOTAL:</b>	_____	_____	_____