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P.O. Box 141178 • Columbus, Ohio 43214 • Mail Slot: 410 Wyandotte – Rear Garage

Rental Application

Please read carefully and complete all required sections.

Property Information

Property Location				Date	
Unit Type		Apt. #		Vacant or Occupied	Date Available

Conditions of Occupancy

Lease Term		Monthly Rent \$		Prorated Rent \$	
Date Rent Begins		Utilities paid by Renter			

Applicant Information

Name _____ Date of Birth ___/___/___ Social Security # _____

Present Address _____ Phone # _____

Email Address _____

Present Owner _____ Owner's Phone # _____

Owner Address _____ Rent Amt. \$ _____ Length of Occupancy _____

Previous Address _____ Owner's Phone # _____

Previous Owner _____ Rent Amt. \$ _____ Length of Occupancy _____

Present Employer _____ Supervisor _____

Employer Address _____

Position _____ Phone # _____

Previous Monthly Income (gross) \$ _____ Length of Employment _____ Full Part

Previous Employer _____ Supervisor _____

Position _____ Phone # _____

Previous Monthly Income (gross) \$ _____ Length of Employment _____ Full Part

Marital Status: Single Married Non-Smoker: Smoker:

Spouse's Name _____ Date of Birth ___/___/___ Social Security # _____

Maiden Name _____

Spouse's Present Employer _____ Supervisor _____

Employer Address _____

Position _____ Phone # _____

Previous Monthly Income (gross) \$ _____ Length of Employment _____ Full Part

Previous Employer _____ Supervisor _____
 Position _____ Phone # _____
 Previous Monthly Income (gross) \$ _____ Length of Employment _____ Full Part

Credit Cards

Name _____ Name _____
 Name _____ Name _____
 Name _____ Name _____

Bank References

Bank Name _____
 Bank Name _____

Personal References

Name _____ Telephone # _____
 Address _____ Relationship _____
 Name _____ Telephone # _____
 Address _____ Relationship _____

Emergency Contacts (List relatives or friends, not spouse or children)

Name _____ Telephone # _____
 Address _____ Relationship _____
 Name _____ Telephone # _____
 Address _____ Relationship _____

I hereby acknowledge with owner/agent that the full security deposit is due on the above premises at the signing of the lease agreement. I understand that my deposit may be applied toward any rent loss, advertising costs, re-rental fees, etc. if this application is approved and I am unable to fulfill the conditions of occupancy.

I have reviewed a copy of the lease agreement and agree to the conditions of occupancy that are enumerated therein and find no conflict with the Ohio Revised code and will adhere to the agreements if my application is approved based on the information contained here in.

I hereby grant permission to the owner/agent to verify through Fabcogroup.com any or all of the following: 1) Credit History 2) Rental History 3) Eviction History and 4) Criminal History. I hereby verify that the above information provided by me on this rental application is true and correct. I understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent.

A payment of \$25.00 is included herewith, which payment is made for the purpose of verifying the information included on this application. I understand this charge is not under any circumstances to be returned to me.

_____ **Applicant Signature** _____ **Date**

For Office Use Only

Application taken by		Date		Amount Rec'd \$	
Security Deposit		Balance Due \$			
Rental Application	Approved ___	Rejected ___	Date Applicant Notified		