

PROPOSED APPLICATION TO RENT



PROPERTY NAME	NEW ADDRESS	APARTMENT TYPE	NEW LEASE TERMS	DEPOSIT	RATE
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INSTURCTIONS

Please complete this application giving as much information as possible. This will help us evaluate your application quickly.

NOTE: EACH ADULT MUST COMPLETE SEPARATE APPLICATIONS

Full Legal Name (Include Maiden) of Proposed Occupant(s)	Social Security Number
_____ Applicant	_____ - _____ - _____
_____ Child	_____ - _____ - _____
_____ Child	_____ - _____ - _____
_____ Child	_____ - _____ - _____
_____ Child	_____ - _____ - _____

Do you have any pets? _____ How many? _____ Breed(s) _____ Weight(s) _____

PRESENT EMPLOYER:

Company Name	
Address	City/State/Zip
(_____) _____	
Phone Number	Supervisor/Personnel
_____ \$ _____	
Job Description	Monthly Income
Employment Dates	_____ / _____ / _____
From	To

PREVIOUS EMPLOYER:

Company Name	
Address	City/State/Zip
(_____) _____	
Phone Number	Supervisor/Personnel
_____ \$ _____	
Job Description	Monthly Income
Employment Dates	_____ / _____ / _____
From	To

PRESENT RESIDENCE

_____ (_____) _____	
Present Residence	Phone Number
\$ _____ (_____) _____	_____ / _____ / _____
Monthly Rent	Owner/Property Management
	Phone Number
	From
	To

CONTACT INFORMATION

(_____) _____	(_____) _____	_____
Direct Work Number	Cell Phone	Email Address

PERSONAL REFERENCES (PARENT & OTHER)

NAME	RELATIONSHIP	ADDRESS	CITY/STATE/ZIP	(_____) _____ PHONE NUMBER
NAME	RELATIONSHIP	ADDRESS	CITY/STATE/ZIP	(_____) _____ PHONE NUMBER
NAME	RELATIONSHIP	ADDRESS	CITY/STATE/ZIP	(_____) _____ PHONE NUMBER

BANKING REFERENCES

CHECKING ACCOUNT AT	SAVINGS ACCOUNT AT
_____ (_____) _____	_____ (_____) _____
ADDRESS OR BRANCH	PHONE NUMBER
ADDRESS OR BRANCH	PHONE NUMBER

The undersigned represents that the above statements are true and complete and authorized verification of information and references given. I hereby deposit with agent, the sum of \$ _____ as partial security deposit on the above premises pending execution of a lease agreement. It is understood the amount received will be returned if the application is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), all monies paid will forfeited and may be applied toward rent loss, advertising cost, re rental fee, etc.

Date _____ **Applicant** _____
 Application Accepted by _____ Partial Deposit (\$ _____) App. Fee (\$ _____)

**BACKGROUND INFORMATION SERVICES
FAX REQUEST FORM**

Consumer Information:

Legal Name: _____ SSN: _____

Full Address: _____

County: _____ Street _____ City _____ State _____ Zip _____
DOB: _____ Driver's License(only for BMV) _____

By signing below, I give the Credit Bureau of Columbus permission to seek copies of requested reports. I do hereby release all individuals connected here with from any and all liability.

Signature

Date

Credit Reports:

Transunion Infile Credit Report

Consumer Links Report (Additional Public Records and Resident Account Histories)

Equifax Infile Credit Report with Consumer Links Report

Employment Reports:

Employment Verification (See Attached)

Persona Credit Report (Credit Report for Employment Purposes)

Employment Package (Criminal/Convictions, Credit and BMV)

Criminal/Conviction Reports:

Amrent Multistate Criminal Database

Ohio Statewide Arrests

Ohio Combined (Ohio Arrests and Convictions)

Statewide Convictions for _____ State (Limited States Available)

Statewide Arrests for _____ State (Limited States Available)

Single County Conviction Search for _____ County(ies)

Super Search (Multi-State Search)

Miscellaneous Reports:

Landlord Verification (See Attached)

AmRent Property Management / Eviction Records

Ohio Worker Compensation / Claim ID # _____

Single State Driving Record for _____ State (all states available)

Ohio Professional Licenses / Professional Business License # _____

Vehicle Identification Search / License Plate # _____ or VIN # _____

Business Reports

CBC Member Information:

CBC Billing Number: 02DS49127

Company Requesting: Trinity Real Estate

CBC Persona Number: _____

Phone Number: (614)374-9127

Fax Number: (614)635-1365

Person Requesting: _____ Signature: _____