

PLEASANT VIEW APARTMENTS

4 Posey Drive, A-5
Fredericktown, Ohio 43019

(740) 694-7164
(614) 389-4676fax

RENTAL APPLICATION

NOTICE: Our management policy for our apartment communities, is to conduct business in accordance with the applicable fair housing laws. We do not discriminate against any person because of race, color, national origin, familial status, religion, handicap, or sex. We are an equal housing opportunity provider.

APPLICANT: We will ask for a valid photo ID.

SELECTION STANDARDS: All applicants are interviewed and screened. The following general screening criteria, in no specific order, will be applied uniformly to all applicants and will be the basis of final acceptance of your application:

- Comments from present & previous landlords
- Background check
- Credit report
- Personal references
- Financial ability (Income)

TODAYS DATE: _____

APPLICANT'S NAME _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CO-APPLICANT'S NAME _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

(Child's Social Security Number and Date of Birth if 18 years old or older)

CHILD'S NAME _____ S.S. # _____ D.O.B. _____ M F

CHILD'S NAME _____ S.S. # _____ D.O.B. _____ M F

CHILD'S NAME _____ S.S. # _____ D.O.B. _____ M F

YOUR CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS (if applicable): _____

PRESENT LANDLORD _____ PHONE: _____

THEIR ADDRESS: _____

DATE YOU MOVED IN: _____ MONTHLY RENT AMOUNT \$ _____

WHY ARE YOU MOVING: _____

Pet(s) _____

Washer/Dryer Hook-up Needed Yes or No (circle one)

INCOME: Please list the income of all those household members who are currently receiving income or expect to receive income in the next twelve months. **LIST ADDITIONAL INCOME ON LAST LINE!**

APPLICANT'S EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

CITY-STATE-ZIP: _____ **PHONE:** _____

JOB TITLE: _____ **SALARY:** _____ **HOURS PER WEEK:** _____

HOW LONG EMPLOYED: _____ **NAME OF SUPERVISOR:** _____

IMPORTANT: What is your **TOTAL NET** household income PER MONTH? \$ _____

CO-APPLICANT'S EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

CITY-STATE-ZIP: _____ **PHONE:** _____

JOB TITLE: _____ **SALARY:** _____ **HOURS PER WEEK:** _____

HOW LONG EMPLOYED: _____ **NAME OF SUPERVISOR:** _____

 **LIST ANY OTHER SOURCE & AMOUNT OF INCOME:** _____

HAVE YOU OR ANYONE RESIDING IN YOUR HOUSEHOLD, EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY CRIME EXCEPT FOR TRAFFIC VIOLATIONS?

YES _____ NO _____ (IF YES, EXPLAIN BRIEFLY)

HAVE YOU EVER BEEN EVICTED? *Applicant:* YES ___ NO ___ *Co-Applicant:* YES ___ NO ___

REASON IF YES: _____

NAME OF RELATIVE IN CASE OF EMERGENCY (OTHER THAN HUSBAND OR WIFE):

NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

PHONE: _____ **RELATIONSHIP:** _____

I declare that I have read and understand this application and to the best of my knowledge and belief it is true, correct and complete. Further, I am aware that any misrepresentation of facts on this application is grounds for refusal.

My signature below constitutes my consent for the company to obtain verifying information from any necessary source.

APPLICANT SIGNATURE _____ **DATE** _____

CO-APPLICANT SIGNATURE _____ **DATE** _____