RENTAL APPLICATION



Property: ☐ Arbors of Findlay ☐ Arbors of Mt. ☐ Creekside Villas ☐ Hilltop Manor		_				
Last Name:		First Name:	MI:			
Home Telephone Number: ()			Move-In Date:			
Cell Telephone Number: ()		Email:				
Work Telephone Number: ()		Work Email:				
Social Security Number:	-	_ Driver's License	#:State:			
Date of Birth: Month:	Day:					
Pet: No			_ Breed (if applicable):			
Total # of Occupants: Name:	List each <i>additi</i> d	onal occupant(s) here: Date of Birth:	Relationship to Applicant:			
Are you, or are any potential occupants	s, a smoker or us	ser of tobacco products	?			
	Yr: Yr:	Color:	Tag No./State: Tag No./State:			
Residence Information: Currently you a	ire 🗌 Ho	me Owner	Renting Other			
Are you presently under a lease term? Landlord/Mortgage Holder Name: Present Address: City: Monthly Payments: \$	State:	Tele				
	If above is le	ss than two (2) years:				
City: Monthly Payments: \$	State: At previous	Zip:address (Dates): From:	t/Apt #: To: phone:			
EMERGENCY CONTACT: NOTIFY (Name)	:		Relationshin:			
Address:		Phone Number: () Relationship: 2 nd Phone: ()				
	Emaile					



EMPLOYMENT:	Employed Full-Time		Part-Time			Retired				
			Student			Not Employed				
Present Employer (or r	most recent):				Position:_					
Address:				Tel	ephone: (_)				
Supervisor's Name:		Date	es Employed	- From:		To:				
Income: \$	per 🗌 hour [Week (sal	ary) or	GROSS N	Monthly Ea	rnings: \$				
If above is less than two (2) years:										
Previous Employer:				Pos	sition:					
Address:				Tel	ephone: (_)				
Supervisor's Name:		Date	es Employed	- From:		To:				
OTHER INCOME: If there are other sources of income you would like us to consider, please list below. You do NOT have to reveal alimony or child support unless you want us to consider it in this application.										
Amount: \$	Per: Sour	ce:	C	ontact Nam	e/Phone:_					
Amount: \$	Amount: \$ Per: Source: Contact Name/Phone:									
	eement/Lease: ns: planations:									
 I understand that the application date (Su If approved, and if I date (Sunday except If move-in occurs aff I understand that as of \$300,000 liability I declare that all resignounds for termina I hereby authorize L 	e Application Fee is complete Rental Deposit is only refunday excepted). The Rental have not cancelled, I agreested). I will not be given poster the 15 th , a pro-rate for the a provision of my lease agroverage, and that the Proponses on this application at the Item of the lease.	fundable if application of the cost of the cost of the aparth of the application of the aparth of the ap	ABLE, whether on is denied, o mpletely forfe o pay all money tment unless I next (first) ful ired to carry a andlord will be ete. False infor	my application if I elect to continuous ited if I cancel y due within F have signed to I month's rent Renter's Insuradded as addrmation supplication.	ancel within I my applicat Fourteen (14) the Lease. t will be due rance policy, ditional insur lied in this ap	the the the that deadline. I days of the application before move-in. that provides a minimum				
Signature:		Date:								
Please Print Name:										

