

Application Date

Requested Move-In Date

RENTAL APPLICATION FORM

TWO-YEAR LEASE

LESSOR—PROPERTY OWNER/AGENT

1400 Central Ave, Middletown, OH 45044 fax 513.423.0009 phone 513.423.4688 email info@finkelmanrealestate.com

Fee for application is \$40 per applicant. Fee is non-refundable; payment is by cash or PayPal.

Property Location		Rate per Month	Deposit *		
Applicant Full Name E-mail Address		Secondary Applicant/Occupant Full Name E-mail Address			
Social Security No.	Date of Birth	Social Security No.	Date of Birth		
Contact Phone	ID#/Drivers License	Contact Phone	ID#/Drivers License		
Applicant's Employer		Secondary Applicant's Emplo	yer		
Employer Address and City		Employer Address and City			
Employer Phone		Employer Phone			
Supervisor Name and Title		Supervisor Name and Title			
Job Title		Job Title			
Length of Employment		Length of Employment			
Weekly Take Home Pay Please attach documentation.		Weekly Take Home Pay Please attach documentation.			
Other Income and Source		Other Income and Source			



Finkelman Real Estate

RENTAL APPLICATION QUESTIONS

LESSOR—PROPERTY OWNER/AGENT 1400 Central Ave, Middletown, OH 45044 phone 513.423.4688 fax 513.423.0009

			Date	
			/	/
Name			mm dd	уууу
Please, each applicant ansv	ver the following			
I. Have you ever been evi	cted from a residence in the last	t 5 years?		
2. Are you currently in the	e process of being evicted from y	your home?		
3. Have you ever been co	onvicted of a felony?			
4. Will there be additional	l occupants in the residence?			
5. Please provide your v VEHICLE #1	vehicle information for those	that will be parked at the rer VEHICLE #2	ntal property.	
Make	License #	Make	License #	
Model	Year	Model	Year	
Color		Color		
		ently have pets? If yes, please type erson inside or outside of your re		
7. Please list any city and s	tate where you have lived, not a	ulready listed.		
8. Have you ever changed	your name or used any name o	ther than your legal name? If yes,	please list all names used.	
9. Are you the co-signor/g	uarantor? (You will NOT be livir	ng in the residence, but responsib	ple for the lease.)	

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RENTAL APPLICATION FORM: TWO-YEAR LEASE

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Reason for Leaving Present Re	esidence		_		
Present Landlord's Name		E-mail Address (present landlord)	Move-in	Move-in month/year	
Address		Phone No.	Present Rental Rate per month		
Previous Landlord's Name		E-mail Address (previous landlord)	Move-in	Move-in month/year	
Address		Phone No.	Previous	Previous Rental Rate per month	
Credit References for E	Each Applicant	Date You Vaca	ated		
Bank		Type of Account			
Credit Cards (combined)		Balance Due (combined)	Total Mo	Total Monthly Payment	
Loan Co.		Balance Due	Monthly Payment		
Other		Balance Due	Monthly	Payment	
Emergency Contacts	Please provide name, addr	ress, phone number and list their relation	ship to you.		
Name	Address	Address Phone		Relationship	
Name	Address	Address Phone		Relationship	
List Names and Birthd	ate of All Occupants				
		mited to, a credit report or credit verification a ur acceptance or rejection is based on informa			
Signed				Date	
Signed			Date		
Additional Items for Ag	greement				
Please indicate if you would lik	e to be approved for a pet	Yes No Yes, I	agree to pet	policies and fees.	
If YES, please review pet police	cies and related fees and ir	ndicate your agreement above.	CLIDAUT AF		

EQUAL HOUSING

One-half of the deposit is a nonrefundable Agent Rental Fee; the other half is held as the Security Deposit. There is a separate \$40 Key Deposit. Click **SUBMIT APPLICATION** to send the form by email or you can print the application and FAX to **513.423.0009**

Pay \$40 processing fee per applicant online WWW.FINKELMANREALESTATE.COM