

839 East Market Street Akron, Ohio 44305 330.762.8661 Fax 330.762.2619

Name:

Name:

RENTAL APPLICATION

RESIDE	к то соі	ION	Date:							
Apt. Address: Rent			ent \$:		Security S	Security \$:		Approval:		
What date are you looking to move?										
How did you hear about Stile Companies?										
Tenant will be responsible for: Gas			Electric				Water/Sewer			
Applicant Inform	ation				·					
Name:										
Date of birth:				SSN:				Phone:		
Current address:										
City:			State:				ZIP Code:			
Own Rent (Please circle)			Monthly payment or rent:					How long?		
Current owner/landlord na	ame:					Phor	ne #:			
Previous address:										
Previous owners/landlord	name:					Phon	e #:			
City:			State:					ZIP Coo	de:	
Owned Rented (Please circle)			Monthly payment or rent:						How long?	
Reason for leaving?										
Drivers License #:			State Is	ssued:						
Employment Info	rmation									
Current employer:										
Employer address: How long?								How long?		
Phone:										
			Fax Nu	mber:				Fax:		
City:			Fax Nu	mber:	State:			Fax: ZIP Cod	-	
City: Supervisor Name:			Fax Nu Hourly	mber: Salary	State: (Please circle)		Ar		de:	
							Ar	ZIP Coo	de:	
Supervisor Name:							Ar	ZIP Coo	de:	
Supervisor Name: Previous Employer:				Salary			Ar	ZIP Coo	de: me:	
Supervisor Name: Previous Employer: Employer address:			Hourly	Salary			Ar	ZIP Coo	de: me: How long?	
Supervisor Name: Previous Employer: Employer address: Phone:			Hourly Fax Nu	Salary mber:	(Please circle)			ZIP Coo nual inco Fax	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City:	nsider:		Hourly Fax Nu	Salary mber:	(Please circle)			ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: :	nsider:		Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle) Name & Addr	ess of F	Ar Payer:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor			Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle)	ess of F	Ar Payer:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support	\$		Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle) Name & Addr Description of Name or Sour	ess of f Benefi	Ar Payer: its:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support Social Security	\$ \$		Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle) Name & Addr Description of	ess of f Benefi	Ar Payer: its:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support Social Security Retirement Other	\$ \$ \$ \$		Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle) Name & Addr Description of Name or Sour	ess of f Benefi	Ar Payer: its:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support Social Security Retirement	\$ \$ \$ \$		Hourly Fax Nu	Salary mber:	(Please circle) State: ease circle) Name & Addr Description of Name or Sour	ess of f Benefi	Ar Payer: its:	ZIP Coo nual inco Fax ZIP Coo	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support Social Security Retirement Other Other	\$ \$ \$ \$	CANTS	Hourly Fax Nu Hourly	Salary mber: Salary (Pl	(Please circle) State: ease circle) Name & Addr Description of Name or Sour Describe:	ess of F Benefi ce of F	Dayer: its: Payments:	ZIP Coo nual inco Fax ZIP Coo nual inco	de: me: How long? de:	
Supervisor Name: Previous Employer: Employer address: Phone: City: Supervisor Name: : Other income to cor Alimony/Child Support Social Security Retirement Other	\$ \$ \$ \$	CANTS	Hourly Fax Nu Hourly	Salary mber: Salary (Pl	(Please circle) State: ease circle) Name & Addr Description of Name or Sour Describe:	ess of F Benefi ce of F	Dayer: its: Payments:	ZIP Coo nual inco Fax ZIP Coo nual inco	de: me: How long? de:	

Relationship:

Relationship:

Emergency Contact										
Name of a person not residing with you:										
Address	:									
City:				State:		ZIP C	ode:		Phone:	
Relation	ship):								
Perso	ona	I Referenc	e							
Name:										
Address	:									
City:	. 1. 2.			State:		ZIP C	code:		Phone:	
Relation	ship):								
Auton Vehicle			Maka				Mad	al		
Color	-	Year	Make License Tag			State		Model County		
Vehicle	1	Year	Make			Jiale	Model			
Color	-		License Tag			State		County		
							l	,		
Pets ((All	owed in select	locations)							
Do you h	have	e any pets?		Are all	Pets curre	nt w/vac	cinat	ions?		
Name of	Name of Pet:					Spayed/neutered?				
Туре:				Weight	t Ibs.	bs. Breed:				
		_	ing Questions	,					\/=0.11	
1. 2.		•	en evicted or a defendan				abor	aleruntov?	YES [] YES []	NO [] NO []
3.			d bankruptcy, or are you ther landlords a balance		the proces		y Dai	iki upicy ?	YES []	NO[]
4.			en asked to move becau		e violation	of anv ki	ind?		YES []	NO[]
5.			nvicted of a felony?		YES[]	NO[]	1	so, What charge & I		
6.	На	ave you ever bee	en convicted of a misden	neanor?	YES[]	NO[]	lf	so, What charge & I	Date of offense:	
EACH AI	PPLI	CANT MUST ATTACH	A COPY OF THEIR DRIVERS LI	CENSE OR STA	TE ISSUED ID	ENTIFICAT	ION TO	O THIS APPLICATION, IN O	ORDER FOR IT TO BE	PROCESSED
Each person eighteen (18) years of age or older must complete and sign an application. If a co-signer is necessary, the co-signer must also complete and sign an application. A \$30.00 non-refundable processing fee for the 1 st applicant and \$20.00 for each additional applicant will be collected with this application, in order to process the consumer reports on each applicant. Please completely fill in your application, if a section is not applicable please fill in N/A. If you do not fill out the entire application, we will not be able to process the application successfully.										
Tenancy will be denied if any information is misrepresented on this application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated immediately, and you will be asked to leave the property. We verify your current and past employment, your current and past rental and eviction history, run a credit report, and review all criminal records within the past 20 years on a nationwide scale. All applicants are processed without regard to race, color, religion, sex, handicap, familial status or national origin.										
This is to advise that I, the undersigned, hereby authorize Stile Companies and Resident Research, LLC, to obtain a consumer credit report from any or all 3 credit bureaus, conduct a nationwide criminal records search, verify employment and rental history, and a nationwide eviction search, to determine eligibility for tenancy and accessing credit worthiness.										
Print app	plica	ant name:								
Signatur	e of	applicant:							Date:	