

Clintonville Commons

A P A R T M E N T S



RENTAL APPLICATION

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Leasing Office:

4030 N. High St. #14

Columbus, Ohio 43214

614-262-9988 FAX 614-262-1097

Date of Application _____

Given By _____

Assigned Address _____ N. High St. # _____ Move in Date _____

Lease Term: One Year / 13 Month / Other _____ Date _____ To _____

Rent \$ _____ Security Deposit \$ _____ Additional Fees and Deposits \$ _____

Number of Bedrooms _____ # of Persons _____ Furnished: No

Paid by Resident: ☒ Gas ☒ Electric ☒ Water (\$27 per person) ☐ Monthly Pet Fee (\$20 per cat)
(pet deposit \$200—1/2 refundable)

Check One: ☐ Applicant ☐ Co-Applicant ☐ Spouse ☐ Lease Guarantor

Name _____ Driver Lic. # _____

Drivers Lic. Address _____ City, State, Zip _____

Social Security # _____ Date of Birth _____

Present Address _____ Phone () _____

City, State, Zip _____ Cell/Pager () _____

Rent () Own () From _____ To _____ Rent \$ _____ Marital Status

Present Owner _____ Married _____

Phone () _____ Single _____

Owners Address _____ Widow _____

City, State, Zip _____ Separated _____

Divorced _____

Reason for Leaving _____ No. of Children _____

Previous Address _____ Names/Ages of Children

City, State, Zip _____ 1. _____

Rent () Own () From _____ To _____ Rent \$ _____ 2. _____

Previous Owner _____ 3. _____

Phone () _____ Pets _____

Owners Address _____

City, State, Zip _____

Reason for Leaving _____

If Current Student:

College _____ Student Year (Circle One) 1 2 3 4 Graduate School

College Funding \$ _____ Source _____

Present Employer _____ Phone _____

City, State, Zip _____

Employed From _____ To _____ Position _____ Full-time () Part-time ()

Monthly Income (gross) \$ _____ Supervisor _____

Previous Employer _____ Phone _____

City, State, Zip _____

Employed From _____ To _____ Position _____ Full-time () Part-time ()

Monthly Income (gross) \$ _____ Supervisor _____

Vehicles

Year _____ Make _____ Model _____ License # _____ MO/Pmts \$ _____

Year _____ Make _____ Model _____ License # _____ MO/Pmts \$ _____

Credit Cards

Name _____ Name _____

Name _____ Name _____

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TO BE COMPLETED BY APPLICANT

Installment, Credit Card and Revolving Accounts

Current Total Balances Owed \$ _____

Current Total Monthly Payments \$ _____

Bank References

Bank _____

Bank _____

If YES, please explain on a separate sheet.

___Y ___N Are you presently being evicted from a residential dwelling or have you ever been evicted?

___Y ___N Have you or your co-applicant ever been threatened with an eviction from any leased premises?

___Y ___N Have you ever filed Bankruptcy? When? _____

___Y ___N Have you ever been convicted of any drug-related or alcohol-related activity?

___Y ___N Have you ever engaged in the sale of illegal drugs?

___Y ___N Do you currently engage in the use or sale of illegal drugs?

___Y ___N Have you ever been convicted of a crime other than a minor traffic offense?

___Y ___N Are there any money judgments against you?

___Y ___N Do you owe anyone money for a residential dwelling for rent or damages either disputed or not disputed?

How did you find out about us? _____

If a resident referral, please give name _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

City, State, Zip _____ Phone _____

Name _____ Relationship _____

Address _____

City, State, Zip _____ Phone _____

Read Carefully Before Signing

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, and validate accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.

I hereby deposit with Clintonville Commons the sum of \$ _____ Money Order ☐ Check ☐ , as partial ☐ full ☐ security deposit on the above premises which will be held and applied as follows: (a) The deposit will be refunded to the Applicant(s) if this application is not approved; (b) If this application is approved and the Applicant(s) signs the Rental Agreement, the deposit will be applied as part of the security deposit required by the Rental Agreement; or (c) If this application is approved and the Applicant(s) refuses to sign the Rental Agreement, the agent will retain \$100.00 as a processing fee and will have the right to retain all or part of the balance of the deposit as liquidated damages for the refusal by the Applicant(s) to sign the Rental Agreement.

A non-refundable application processing fee of **\$35.00** has been given to Clintonville Commons.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Lease Guarantor Signature _____

Date _____

OFFICE USE

Application Received By _____

Date _____

Breakdown: \$ _____ Security Deposit \$ _____ Other Fees (Type _____)

\$ _____ Application Fee \$ _____ Total Fee Received

Approved: ☐ Date _____ Conditions _____

Disapproved: ☐ Date _____

Applicant Notified: _____ Date _____ By _____