

Governor's Manor

2100 E. High Street
Springfield, OH 45505
Phone (937) 324-5589
Fax (937) 324-5680

RENTAL APPLICATION

(Each co-resident must submit a separate application)

Date _____ Property Address _____ Rent Amount \$ _____

PERSONAL INFORMATION

Applicant's Full Name _____ Date of Birth _____ Social Security Number _____

Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Spouse's Full Name _____ Date of Birth _____ Social Security Number _____

OTHER OCCUPANTS

1) Name _____ Age _____ Relationship _____

2) Name _____ Age _____ Relationship _____

Pet: Yes _____ No _____ Type _____ Size _____

RESIDENTIAL HISTORY

Present Address _____ City, State, Zip _____ Phone # _____

Apartment Name/Mortgage Holder _____

Address _____ City, State, Zip _____ Phone # _____

Monthly Payment \$ _____ Move-in Date _____ Reason for Moving _____

Previous Address _____ City, State, Zip _____ Phone # _____

Apartment Name/Mortgage Holder _____

Address _____ City, State, Zip _____ Phone # _____

Monthly Payment \$ _____ Move-in Date _____ Reason for Moving _____

Have you, or your co-applicant, ever been threatened with an eviction, or evicted from any leased premises? Yes _____ No _____

If yes, please explain _____

EMPLOYMENT HISTORY

Present Employer _____ Position _____

Business Address _____ Phone # _____

Approximate Gross Yearly Income \$ _____ Employed from _____ to _____ Supervisor _____

Previous Employer _____ Position _____

Business Address _____ Phone # _____

Approximate Gross Yearly Income \$ _____ Employed from _____ to _____ Supervisor _____

Spouse's Employer _____ Position _____

Business Address _____ Phone # _____

Approximate Gross Yearly Income \$ _____ Employed from _____ to _____ Supervisor _____

• **NON-REFUNDABLE APPLICATION FEE** •

PERSONAL REFERENCES

(Please list name & phone #)

1) _____ 2) _____
3) _____ 4) _____

In case of emergency, contact: *(Please list name, relationship, address and phone #)* _____

VEHICLE INFORMATION

Total Number of Vehicles to be parked at residence: _____

1) Year _____ Make/Model _____ Color _____ Licence Tag # _____ Registered to: _____
2) Year _____ Make/Model _____ Color _____ Licence Tag # _____ Registered to: _____

If Guarantor Application, relationship to resident: _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes _____ No _____ If yes, please give details: _____

How did you hear about us? If resident referral, please give name: _____

The management relies on the information given above to be completed 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.

I/we hereby deposit with owner/agent the sum of \$ _____ as a NON-REFUNDABLE APPLICATION FEE.

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Driver's License # / State _____ Spouse's Driver's License # / State _____

Address _____ Rental Amount \$ _____

Occupancy Date _____ Lease Dates: From _____ To _____

Approved _____ Declined _____

Special Comments _____

Action Taken By _____ Date _____

Application Approved/Declined By _____ Date _____

• NON-REFUNDABLE APPLICATION FEE •