

Euclid Properties

Rental Application

CONDITIONS OF OCCUPANCY TO BE COMPLETED BY MANAGEMENT

Property Location _____ Ave _____ Date _____

Number of Bedrooms ____ Maximum Number of Occupants ____ Date Available _____

Lease Term _____ Monthly Rent \$ _____ Security Deposit \$ _____

Date Rent Begins _____ Other Fees: \$ _____ Specify: _____

Utilities Paid by Renter: Gas Electric Water Sewer ____ Other (Cable, Tele etc)

Unfurnished Furnished ____ Range Dishwasher ____ Refrigerator

Washer Dryer Other() _____

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME _____

SS#: _____ Last _____ First _____ MI _____
Date of Birth: _____

Email Address: _____ Drivers License Number _____ Month _____ Day _____ Year _____ State _____

Present Address: _____ Phone: () _____
Street, City, State, Zip Code

Present Owner: _____ Rent Amt \$ _____ Length/Occupancy _____

Owner's Address: _____ Owner's Phone: () _____

Applicant's Present Employer _____

Employer's Address _____ Phone: () _____

Position _____ Dept. _____ Supervisor _____

Present Monthly Gross Income: \$ _____ Length/Employment: _____ Fulltime: ____ Part time: ____

CO SIGNITOR'S NAME _____

SS#: _____ Last _____ Date of Birth: _____ First _____ Middle _____ Sr, Jr etc _____

Cosigner's Address: _____ Month _____ Day _____ Year _____
Street, City, State, Zip Code Phone: () _____

Drivers License Number _____ State _____

SPOUSE'S NAME _____

Date of Birth: _____ Last _____ First _____ Middle Initial _____ Maiden Name _____
Month _____ Day _____ Year _____ SS#: _____

VEHICLES (1) Year _____ Make _____ Model _____ License # _____

CREDIT Name _____ Acct Number _____
CARDS Name _____ Acct Number _____

BANK Bank Name _____ Checking Acct # _____
REFERENCES Bank Name _____ Savings Acct # _____

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PERSONAL Name _____ Telephone No. _____
REFERENCES Address _____

Street, City, State, Zip Code

Name _____ Telephone No. _____

Address _____

Street, City, State Zip Code

EMERGENCY (List relatives or friends)

Name _____ Relationship _____ Telephone No. _____

Address _____

Street, City, State, Zip Code

Name _____ Relationship _____ Telephone No. _____

Address _____

Street, City, State, Zip Code

Have you ever been sued, evicted, or asked to leave an apartment? Yes No

How will your rent be paid? Earnings () By parents () Other ()

Explain _____

Are you receiving a grant, scholarship, or other assistance? Yes No

Explain _____

Have you ever been evicted or filed for bankruptcy? Yes No

Have you ever been convicted of a felony? Yes No

Are you now, or have you ever been, required to register as a sexual predator? Yes No

I hereby deposit with owner/agent the sum of \$ _____ as partial full security deposit on the above premises pending execution of the Lease Agreement. I understand my deposit may be applied toward any rent loss, advertising costs, rental fees, etc., if this application is approved and I am unable to fulfill the conditions of the Lease Agreement. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Applicant understands the owner/agent may terminate any rental agreement entered into for any misrepresentation made above. Lease agreement must be completed, including all signatures, and returned within ten days or the Lease Agreement may be cancelled at Management's option. The applicant understands the property is being leased in an "as is" condition where no alterations to the property will be required before or during tenancy. Government issued photo identification will be provided for all applicants and cosigners.

The undersigned does hereby consent all information stated on this application may be verified and processed through a credit reporting agency. This may include a credit and police report. I hereby release all parties from any liability in connection with the provision and use of such information. I understand this application does not constitute any oral and/or written commitments on the part of the owner/agent.

A payment of \$ 35 is included herewith, which payment is made for the purpose of verifying the information included on this application. I understand this charge is not to be returned to me under any circumstances.

Date Applicant

Please list any additional occupants that will occupy the premises (not including roommates):

Name Relationship Age

Name Relationship Age