

Residential Rental Application

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

Property: _____ **Unit #:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Applicant Information

Full Name (First, Middle, Last): _____

Date of birth:

SSN:

Driver's License #:

Home Phone :

Cell Phone :

Email:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Name of Landlord:

Landlord Phone :

Landlord Fax :

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

Name of Landlord:

Landlord Phone :

Landlord Fax :

Employment

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Employer address:

How long?

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Position:

Hourly Salary (Please circle)

Annual income:

Vehicle Information

Auto Make:

Plate #:

Year:

Model:

Color:

Additional Information

Number of intended occupants: _____

Names of intended occupants: _____

Have you ever been sued, Garnished, Evicted or filed Bankruptcy:

Have you or any person who will reside with you ever been convicted of a felony?

If yes, please provide date, nature of offense, sentence and dates of incarceration if any on the back of this application

Have you or any person who will reside with you in the apartment ever been convicted of or plead guilty to a "sexually-oriented Offense" or been required to register with a designated law enforcement official pursuant to Ohio Revised Code 2950.01 ET. Seq.?

Yes _____ No _____

When would you be ready to move?

Pet Information			
Do you have any pets?		Yes	No (Please circle)
Kind of Pet:	Breed:	Weight:	Age:
Kind of Pet:	Breed:	Weight:	Age:
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State	Zip	
Telephone:			
Relationship:			
References			
Name:			
Address:			
Phone:		Relationship to Applicant:	
Name:			
Address:			
Phone:		Relationship to Applicant:	
Authorization for Release of Information			
<p>I have read this application and certify that the information in this application is complete and accurate. I also agree that this application will become part of the Lease Agreement entered into with Washington Properties, Inc. I authorize Washington Properties, Inc. to obtain all such information as may be required concerning all of the statements made in this application. In addition, I am authorizing by signing above, the release of information to obtain and verify my employment, criminal, credit history, rental and residence history. I further authorize landlord, its agents and/or attorneys to obtain credit reports and information any time during and after my tenancy, in the event of a breach of any lease or term of tenancy. I hereby release all sources, their officers, agents and employees from liability of any nature, whether caused by negligence or otherwise, which may result from the answering of questions concerning my past record.</p>			
Signature:			
Printed Name:			Date:
Signature:			
Printed Name:			Date:

Smoke-Free Complex. Tenant agrees and acknowledges that the premises to be occupied by Tenant and members of Tenant's household have been designated as a smoke-free living environment. Tenant and members of Tenant's household shall not smoke anywhere in the unit rented by Tenant, or the building where the Tenant's dwelling is located or in any of the common areas.

Please fill out this application in its entirety. Missing information will delay the processing of this application.
Residential Applicants will be charged a \$30.00 Non-Refundable Application Processing Fee.
Please make check payable to: Washington Properties, Inc.

Washington Properties

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 Phone: 330-725-6767 / Fax: 330-725-6768 / Info@WashingtonPropertiesInc.com /
 Visit us at WashingtonPropertiesInc.com