



RENTAL APPLICATION

Wadsworth Real Estate, Inc.

208 Great Oaks Trail
Wadsworth, OH 44281
(330) 335-2505 * Fax (330) 334-5231

Address Applying For: _____

Monthly Rent: _____

Date: _____

Complete all information on both sides of form. Incomplete applications may not be processed. Return with \$20 per applicant non-refundable fee.

PERSONAL INFORMATION

Applicants Full Name: _____ Birth Date: ____/____/____
Present Address: _____ City: _____ ST: _____ Zip: _____
Social Security #: _____ Driver's License #: _____ ST: _____
Cell Phone: _____ Alternate Phone: _____
Email: _____

Co-Applicants Full Name: _____ Birth Date ____/____/____
Present Address: _____ City: _____ ST: _____ Zip: _____
Social Security #: _____ Driver's License #: _____ ST: _____
Cell Phone: _____ Alternate Phone: _____
Email: _____

Full names of all other residents	Relationship	Birth Date

RESIDENCE HISTORY

Applicant:

Do you: Own ___ Rent ___ **Monthly Payment \$:** _____ **Reason for moving:** _____
Dates From: _____ To: _____ Date Lease Expires: _____
Was Notice Given? _____ Landlord: _____ Phone: _____

Previous Address: _____ City: _____ ST: _____ Zip: _____
Previous Landlord: _____ Telephone #: _____

Co-Applicant:

Do you: Own ___ Rent ___ **Monthly Payment \$:** _____ **Reason for moving:** _____
Dates From: _____ To: _____ Date Lease Expires: _____
Was Notice Given? _____ Landlord: _____ Phone: _____

Previous Address: _____ City: _____ ST: _____ Zip: _____
Previous Landlord: _____ Telephone #: _____

EMPLOYMENT HISTORY

Applicant Employer: _____ Dates From: _____ To: _____
Address: _____ Telephone #: _____
Position: _____ Supervisor: _____ Gross Monthly Salary: _____

Co-Applicant Employer: _____ Dates From: _____ To: _____
Address: _____ Telephone #: _____
Position: _____ Supervisor: _____ Gross Monthly Salary: _____

Other Income: Amount \$ _____ Source: _____
Amount \$ _____ Source: _____

REFERENCES

Personal References: (not related to applicants)

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Emergency Contacts: (closest living relatives/per applicant)

Name: _____ Relationship: _____ Phone # _____

Present Address: _____ City: _____ ST: _____ Zip: _____

Name: _____ Relationship: _____ Phone # _____

Present Address: _____ City: _____ ST: _____ Zip: _____

ADDITIONAL INFORMATION

Pets? _____ Describe #, Breed, Weight: _____

Vehicle Make/Model	Year/Color	License No./State

Applicant Bank: _____ City: _____

Checking Acct # _____ Savings Acct # _____

Co-Applicant Bank: _____ City: _____

Checking Acct # _____ Savings Acct # _____

Has Applicant/Co-Applicant/Resident Ever:	If yes, please describe:		
Applied with/rented from us before?	No ___	Yes ___	_____
Been sued for non-payment of rent?	No ___	Yes ___	_____
Been evicted/foreclosed/asked to move?	No ___	Yes ___	_____
Broken a rental agreement or lease?	No ___	Yes ___	_____
Been sued for damages to property?	No ___	Yes ___	_____
Been named as defendant in law suit?	No ___	Yes ___	_____
Been convicted of a crime?	No ___	Yes ___	_____
Declared bankruptcy?	No ___	Yes ___	_____

AUTHORIZATION

I hereby make application to lease a rental premises and certify that the information provided is correct and true. I authorize Wadsworth Real Estate, Inc. and its assigns to contact/utilize any information or references I have listed, authorize references to release information, and agree there are no restrictions regarding what may be discussed/revealed, and understand this information could be used for collection purposes. I agree that credit history, eviction, public records, criminal background, and landlord reference checks may be performed, and understand it may appear as an inquiry on my file. Inconclusive/questionable information may result in a request for additional documentation. Furthermore, I understand management may screen numerous applicants prior to approval. I agree application: is subject to approval by Landlord in its sole discretion; does not constitute any oral or written agreement on the part of Wadsworth Real Estate, Inc.; is valid for only 30 days; withdrawal may result in loss of deposits. Deposit and/or lease may be required immediately upon approval to hold premises. False information is grounds for denial.

Applicant Print Name: _____ **Co-Applicant Print Name:** _____

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY - DO NOT WRITE BELOW

NOTES:	APPLICATION STATUS:
	APPROVED: _____ DECLINED: _____
	DATE: _____ BY: _____
	APPLICANT NOTIFIED: _____
	MOVE-IN DATE: _____