

Joseph Havens
 Return to:
 Rudolph Management

Please return to:
 Joseph Havens
 Jwhavens@rudolph-Management.com

141 E Town St

Columbus, Oh 43215 614-228-6888 Fax 614-228-6878

Address of Property:

Traffic Source _____

Date Occupancy Desired ____/____/____

Today's Date ____/____/____

Time: _____ () AM () PM

FOR OFFICE USE ONLY	
Address	_____
Total Security Deposit \$	_____
Amount of Deposit Received \$	_____
Date Deposit Received	_____
Base Rental Rate \$	_____/Additions: _____
Date of Occupancy	_____
Lease Dates	_____
Agent	_____
Comments	_____
Date	_____ Approved/Refused/Cancel
Person Making Decision	_____

Applicant's full name			Date of Birth		Social Security #	
Single	Married	Widowed	Separated	From Whom	Divorced	From Whom
Spouse's Name			Date of Birth		Social Security #	
Other Occupants Name			Age	Relationship		
Name			Age	Relationship		
Name			Age	Relationship		
Name			Age	Relationship		

Email Address _____

RESIDENTIAL HISTORY
 (Please use a separate sheet of paper if necessary).

Present Address City, State, Zip			Phone #		
Apartment Name/Mortgage Holder			Address		
City, State, Zip			Phone #	Move-In Date	Move-Out Date
Monthly Payment \$			Reason for Moving		
Previous Address					Phone #
City, State, Zip					
Apartment Community/Mortgage Holder			Address		

City, State, Zip		Phone #	Move-In Date	Move-Out Date
Monthly Payment \$		Reason for Moving		
Have you, or your co-applicant ever been threatened with an eviction from any leased premises?				
If yes, please explain.				
Have you or your co-applicant ever received a notice to leave the rental property or a 3-day notice to leave pursuant to Ohio Revised Code Section 1923.04?				
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			Phone #	
Business Address			Phone #	
Approximate Gross Yearly Income \$	Employed from	To	Supervisor	

CREDIT REFERENCES

Bank		Branch	
Savings Account #		Checking Account #	
Auto Loans: Company Name	Address		Account #
Mortgage Account #			
Credit Cards: Company Name		Account #	
Company Name:		Account #	

Have you ever declared bankruptcy?	If yes, please give details	
PERSONAL REFERENCES (please list name and phone number for each)		
1)	4)	
2)	5)	
3)	6)	
In case of emergency, contact:	Relationship	Phone #

VEHICLE INFORMATION

Total Number of Vehicles to be parked at residency:			
1) Year	Color	Make/Model	License Tag #
Registered to:			
2) Year	Color	Make/Model	License Tag #

Have you or your co-applicant ever been convicted of a sexual offense that requires mandatory address registration with Federal, State or Local law enforcement agency?
 yes no

Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) (other than a minor traffic violation) or had any criminal offense(s) disposed of other than by an acquittal or a finding of "not guilty"? yes no

Do you have charges pending against you for any criminal offense(s)? yes no
 If any of the three (3) questions listed above are marked "yes", please provide details and dates:

APPLICANT AUTHORIZATION

1. 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 or grounds for an eviction action if later discovered to be false, misrepresented, inaccurate or incomplete information.

2. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, validate and accuracy of all information recorded above. Further, your signature authorized 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.

3. We hereby deposit with owner/agent the sum of \$ _____ as a holding deposit and \$ 35.00 _____ as a non-refundable screening fee, on the premises listed above. We understand that the holding deposit will be retained by the management if this application is approved and I am unable to

fulfill the conditions of occupancy. We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. Upon execution of the lease agreement the holding deposit will be applied towards the security deposit. The holding deposit will be returned if this application is not approved, providing that all the above questions are answered correctly and truthfully.

4. I warrant that all of the representations in this application are true and correct. I also understand that information provided on this application shall survive approval of this application, and execution of a lease agreement.

5. I understand that occupancy of the apartment is limited to persons identified on this agreement. I remain responsible for all occupants, guests and invitees to my apartment.

6. I agree to submit to Lessor valid photo identification (such as a state driver's license).

In compliance with the Fair Credit Reporting Act, I understand that a consumer credit report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation requested may include information obtained through personal interviews concerning residence verification, marital status, number of dependants, employment, occupation, habits, reputation and mode of living.

The term "Lessor" shall include the Owner-Landlord and *Rudolph Management, Ltd.*, as managing agent and any affiliate, agent or employee thereof.

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Applicant

Signature: _____ Date ____/____/____
Authorized Agent for Landlord/Owner