



JACOBS INVESTMENTS

1231 Main Avenue, Cleveland, Ohio 44113
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RENTAL APPLICATION

FOR OFFICE USE ONLY

Date Agent
Community
Apt. Number Rent

Notice: Co-Applicant must complete a separate Rental Application Form.

The undersigned hereby makes application to rent unit number located at

beginning on at a monthly rental of \$

PLEASE TELL US ABOUT YOURSELF

FULL NAME Phone
Date of Birth Social Security No. Driver's Lic. No. & State
Name of Co-Applicant Relationship
Names of All Other Occupants
Total Number of Occupants
How Many Pets Do You Or Other Occupants Own? Kind of Pet, Breed, Weight and Age

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS
Month & Year Moved In Reason for Leaving
Owner or Agent Phone Monthly Payment \$
PREVIOUS ADDRESS (if within 3 years)
Month & Year Moved In Reason for Leaving
Owner or Agent Phone Monthly Payment \$
PREVIOUS ADDRESS (if within 3 years)
Month & Year Moved In Reason for Leaving
Owner or Agent Phone Monthly Payment \$

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent)
Address Phone
Date(s) Employed / From to Position
Supervisor Gross Monthly Salary \$ Household Gross Monthly Income \$
PREVIOUS EMPLOYER
Address Phone
Date(s) Employed / From to Position
Supervisor

If there are other sources of income you would like us to consider, please list income, source and person (banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it on this application.

Amount \$ Source

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) City-State/Branch Acct. Number & Type Telephone
1.
2.
YOUR CREDIT REFERENCES City-State Acct. Number Telephone
1.
2.
3.

TOTAL NUMBER OF VEHICLES (including Company Vehicles)

Make/Model Year Color Tag No. / State
Make/Model Year Color Tag No. / State
Other Car, Motorcycle, etc.

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No Been evicted or asked to move out? Yes No
Broken a Rent Agreement or Lease? Yes No Been sued for damage to rental property? Yes No Declared bankruptcy? Yes No

CONTINUED OVER

Please give any additional information that might help management evaluate your application. _____

How did you hear about our property? _____

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone: _____ Night Phone: _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____ Relationship: _____ Full Address: _____ Home Phone: _____ Work Phone: _____ Mobile Phone: _____
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I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the _____ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; moreover, should any statement made above be a misrepresentation or not a true statement of facts, \$ _____ of the deposit will be retained to offset the agent's cost, time, and effort in processing any application.

I hereby deposit \$ _____ as earnest money to be refunded to me if this application is not accepted within _____ business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for _____ months before possession is given and to pay the balance of the security deposit within _____ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of nonacceptance which the owner or his agent may reject without stating any reason for so doing.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUANITED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, CENTRAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date Signed _____

APPLICANT: PLEASE DO NOT WRITE BELOW

PAYMENT OF \$ _____ RECEIVED BY (NAME) _____ DATE _____
THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE _____

Reference Verification Name	Reference Comments

Comments: _____

THIS APPLICATION: APPROVED NOT APPROVED
BY _____ Title _____ Date _____
If not approved, specify reason(s) _____

Applicant Notified By (Name) _____ Date Notified _____
Notified by: Letter Form Telephone Fax In Person