

# 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 Rose Company. I authorize Rose Company 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 which is not considered a security deposit.**

**Please make check payable to: Rose Company.**

**ROSE COMPANY**

REAL ESTATE DEVELOPMENT | INVESTMENT

4015 Medina Road, Suite 200, Medina Ohio 44256  
 Phone: 330-725-6767 / [Info@RosePlaces.com](mailto:Info@RosePlaces.com)  
 Visit us at [RosePlaces.com](http://RosePlaces.com)