

Cheplowitz & Associates, Inc

P.O. Box 36

Pataskala, Ohio 43062 Phone: (614) 444-2100 Fax: (614) 464-4405

E-mail: rentals@cheplowitz.com

How did you hear about our properties?			Bldg. Address				
Newspaper, Which one			Monthly Rent				
Sign Web-site, Which one			Size				
Referral, Who			Move in Date				
Residential Rental Appl Date:							
Present Address:							
City:	State:	Zip:			Phone:		<u> </u>
Social Security Number:	-		Date of	Birth:			<u> </u>
Marital Status: Married()	Single()Divorced()Separat	ed()				
Spouse's Name: Social Security Number:			Maiden	Name:			<u></u>
Social Security Number:		_Date of l	Birth:				<u></u>
If your application is accellifyes what is your e-mail							
How many persons will o				_Please li	st below.		
If additional space is need	led, attach a separa	te sheet o	of paper.				
Name	Age, Relationship)	_	Name		Age, Relationship	
Name	Age, Relationship)	-	Name		Age, Relationship	
EMPLOYMENT HIST	ORY						
Current Employer:			Compan	y Phone:			<u></u>
Address:			Position	i <u>.</u>			
Employed From:To:	Salary:		Hourly_		_Hours 1	oer week	
Supervisor's Name:							
Previous Employer:			Compan	y Phone:			
Address:							
Employed From:							
Supervisor's Name:							
SPOUSE'S EMPLOYM	ENT						
Current Employer:			Compan	y Phone:			
Address:							
Employed From:	To:			_Salary:_			<u></u>
Supervisor's Name:							
RESIDENTIAL HISTO							
Current Apartment Name	or Landlord:		Ctat				
Address:	City:			То	_∠ıp:		_
Landlord's Phone:		From:		10:			
Monthly Payments: Previous Apartment Nam		_Keason I	.01 101011	ng			
Address:	City		State		7in:		
Landlord's Phone:		From:					
Monthly Payments:				10			
Previous Apartment Nam	e or Landlord	_110050111	.01 1110 11				<u> </u>
Address:							
Landlord's Phone:							
Monthly Payments:							

BANK REFERENCE		-	
Name of Bank:		Branch:	Contact: State:
Address		City	state
VEHICLES			
Year:	Make:	License #:	:State:
rear:	Niake:	License #:	State:
Do you have a trailer,	truck, or boat?If		d?
	or any other proposed oc		
Filed for ban Been evicted	kruptcy? yes() no		
Willfully or i	? yes() no ntentionally refused to page		
williarly of i	yes() not		
Had a crimin	al record? yes() no	() If yes to last two, pl	lease explain:
Been arrested	l for drug usage or traffich	king in drugs? yes() no() If yes, please explain:
PETS			
	Ages:	Weights:	Breeds:
	es or personal references:		
		Phone:	
Name:		Phone:	
In case of emergency,	please notify:		
Name:	**	Phone:	Phone:
Doctor:	Hc	ospital:	Phone:
verify and exchange if Federal Law Enforces present and/or past so considered by the land	nformation on any report ment Agencies, Credit Ro alary verification, present	s concerning me as are neporting Agencies, present and/or past residences. accordance with the establishment.	entative of the landlord's screening company, to obtain maintained by, but not limited to: City, County, State nt and/or past employers including but not limited to I understand that any information obtained may be blished screening criteria, as a factor in decisions the
directors, and employe	ees) that shall provide infe	ormation to the landlord a	s, and affiliates (including but not limited to officers and/or the landlord's screening company, upon requested t the content, validity, or handling of said reports.
complete. Any discrethis is an application a I understand that my approved and I am unapproved providing a	pancy or lack of informate and does not constitute a leadeposit may be applied the able to fulfill the conditional the above questions as	tion well result in immedicase agreement in whole of oward any rent loss, advents of occupancy. The depart answered correctly at	ertising costs, re-rental fees, etc., if this application is posit will be returned promptly if this application is not a truthfully. I/We do hereby acknowledge a Not
		nd \$55.00 for married approximation of the stances, to be returned to	plicants to be used in the processing of this application one.
Signature:		Date:	
Signature:		Date:	