

APPLICATION FOR OCCUPANCY - DMG Rentals

Property _____

Move-In Date _____

Rental Amount \$ _____

Apartment # _____

1. PERSONAL (Please print)

Applicant	Daytime Phone	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Social Security #	Driver's License #		
Co-Applicant's Name	Daytime Phone	Date of Birth	
Co-Applicant's SSN	Co-Applicant's Driver's License #		

2. EMPLOYMENT (Last 2 years)

Present Employer			Work Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor
Previous Employer			Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor
Co-Applicant's Employer			Work Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor

3. CREDIT REFERENCES

Creditor Name		Address	
Monthly pmt	Balance	Account #	Phone #
Creditor Name		Address	
Monthly pmt	Balance	Account #	Phone #
Checking Account Bank		Branch	
Savings Account Bank		Branch	

4. CONTACT INFORMATION

Applicant Email:	Co-Applicant Email:	Ok to send text: Y N
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5. RESIDENCE HISTORY (2 Years)

Present Address		City	State	Zip	Landlord's Phone #
Present Landlord	Dates of res.?	Monthly rent	Reason for leaving		
Previous Address		City	State	Zip	Landlord's Phone #
Previous Landlord	Dates of res.?	Monthly rent	Reason for leaving		

How did you hear about us?

Drive By Direct Mail Newspaper Yellow Pages Apartment Guides
 Internet (Which site? _____) Referred By _____ Other

6. TRANSPORTATION		
A. Make of Auto		Year
License Tag #	Expiration	Color
County		State
B. Make of Auto		Year
License Tag #	Expiration	Color
County		State
List all recreation vehicles (boat, motorcycle, etc.)		
7. OTHER OCCUPANTS		
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Total # of persons occupying this apartment:		
Referred to DMG Rentals by:		
IN CASE OF EMERGENCY NOTIFY (other than another occupant)		
Address		Phone#
Relationship to you		
Email:		

Animal(s)/Pet(s) Info:

Do you have any animal(s)/pet(s)?	Yes	No
What type of animals/pet do you have?	Cat	Dog
What is the breed type?		
What is your animal(s)/pet(s) weight?		
How old is your animal(s)/pet(s)?		
Meet Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VERIFICATIONS (For office use only)
<u>CREDIT REPORT</u>
_____ # Positive
_____ # Negative
_____ # Public Records
_____ Criminal Record
Other info:
<u>RENTAL REFERENCE</u>
_____ See Attached Fax
_____ Spoke to:
Results:
Other Info:
<u>EMPLOYMENT VERIFICATION</u>
_____ Pay Stub Attached
_____ Spoke to:
Results:
Other Info:

Have you ever been convicted of or plead guilty or "no contest" to a felony whether or not resulting in a conviction?
 YES ____ NO ____

Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor or felony involving sexual misconduct, whether or not resulting in a conviction? YES ____ NO ____

Applicant has submitted the sum of \$ 35.00 for first applicant and \$35.00 for all others which is nonrefundable payment for a credit check and processing charge. Such sum is not considered part of rental payment or security deposit. In the event the application is denied by Management or cancelled by applicant, this sum will be retained by management to cover the cost of processing this application. I certify that information given herein is true, complete and correct. I/we authorize management to verify all information on my rental application, including consumer credit reporting agency, public records, current and previous rental property owners and managers, employers and personal references.

I hereby deposit \$495.00/\$595.00/\$650.00/\$750.00 equal to one month's rent with Management as a good faith deposit in connection with this rental application. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit. I have the right to cancel this application within 72 hours of making application and will receive a full refund of my good faith deposit. If I cancel this application after 72 hours of making application and fail to execute Management's usual rental agreement, I understand that I forfeit the total good faith deposit to Management. I further understand that signing this application does not constitute an obligation on the part of Management to provide an apartment until the lease agreement is signed by both parties. I, the undersigned, hereby acknowledge that I have read, fully understand and agree to the above terms and conditions.

By signing this application, I declare that all of my responses are true and complete and I authorize Management to verify this information. Any false statements made on this application can lead to rejection of my application or immediate termination of my lease.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Management Representative _____

Date _____

Reasons

- Unfavorable Credit Report
- Unfavorable Report from Previous Landlord
- Incorrect Information
- Number of Occupants
- Public Eviction Record
- Public Criminal Record
- Information received from third party other than credit reporting agency
- Insufficient information contained on credit report
- Unable to verify/document income
- Other _____
-

Monies Delivered with this Application

Deposit \$ _____ Ck# _____

Non-refundable _____

App Fee \$ _____ Ck# _____

Other \$ _____ Ck# _____

TOTAL RECEIVED _____

Employment Verification

Employer's Address: _____

Return Address: Capital Pointe
2209 Wabash Court W #201
Columbus, OH 43232

Phone #: () _____
 Fax #: () _____

Phone #: (614) 787-8430
 Fax #: (614) 824-2324

I, _____, hereby authorize the release of any income, asset or eligibility information.

 Signature Date Social Security #

 Address

For Employer to complete:

Please complete the following information and return as soon as possible to 614-787-8430. This information will be used to determine the applicant's eligibility for housing

Please complete all information to the best of your ability.

SALARY:

Position: _____ Date of Hire: _____

GROSS Wages/Salary: \$ _____ per hour \$ _____ week \$ _____ bi-week \$ _____ month \$ _____ year

Date Present Rate of Pay Effective: _____ Gross Year-to-Date: _____

Ave. # of Hours/Week: _____ # of Weeks per Year: _____

Date Present # of Hours worked Effective: _____

If employment is for less than 52 weeks, is employee eligible for Unemployment? _____

OVERTIME:

OT Wage/Hour: _____ Average OT Hours/Week: _____

SALARY INCREASES:

Date of Next Increase: _____ Amount of Increase: _____ per _____

ADDITIONAL COMPENSATION: (Amount and Frequency)

Bonus: \$ _____ Tips: \$ _____ Commissions: \$ _____

Other Incentives (please describe): _____

Signature of Source _____ Title _____ Date _____ Phone # _____

The Reserve at Capital Pointe

APPLICATION FOR TENANCY RENTAL HISTORY

Date: _____

To: _____

Residents Info: _____

Resident's signature for release of information: _____

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a resident at your property.

As indicated by the signature above, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

How long has/did the above resident(s) reside at this address? _____

1. How many bedrooms? _____

2. What is/was the monthly rental rate? _____

3. Has the resident ever been behind in monthly rent? _____

If yes, how many times? _____ Was legal action taken? _____

4. Does/did the resident get along with neighbors in the community? _____

5. Is/was the resident destructive to the apartment or property? _____

6. Does/did the resident maintain desirable living conditions? _____

7. The residents overall conduct while residing on the property would be best described as: _____ excellent _____ good _____ fair _____ poor

8. If this resident moved and re-applied for housing from you in the future, would you rent to him/her again? _____

Additional Comments: _____

Signature of person completing form

Title