

Crown Real Estate

PO BOX 20469, Columbus, Ohio 43220 (614) 457-6545

RENTAL APPLICATION

Date of Application _____

Address of Apartment you are applying for

A NON REFUNDABLE \$25.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

Please be complete and accurate. This information will provide the basis for selection of our residents. If you are accepted as a resident, this application will become part of your lease agreement.

PLEASE PRINT LEGIBLY

1. Applicant's Full Name _____

Age _____ Phone _____

Social Security Number _____ Date of Birth _____

Permanent / Parents Address _____

Marital Status _____

Spouse's Name _____

2. Parent's Name _____

Parent's Phone () _____

Parent's Address _____

City _____ State _____ Zip _____

3. Your current full address

How long at this address? _____

Rent per month? _____

4. Current Landlord's name _____

Current Landlord's Phone number _____

5. Previous Address

How long at this address? _____

Rent per month? _____

Landlord's name _____

Landlord's Phone number _____

6. Have you ever been sued, evicted, or asked to leave an apartment?

yes _____ no _____ When _____/_____/_____

7. How will your rent be paid? Earnings () By parents () Other ()

If other explain

8. Are you receiving a grant, scholarship, or other assistance to attend college?

If yes explain. _____

9. Driver's license number and issuing state _____

10. Car license number, make, color _____

I hereby authorize you to Crown Real State to verify all information by checking credit and references. I hereby state the information above to be true and correct.

_____/_____/_____

(Applicant's signature)