

The Falls rental application

Name		Phone		Email			
DOB and DL #	SSN	Single	Married	Widowed	Separated	Divorced	
Spouse's Name		DOB		SSN			
Please list other occupants							
Will you have a pet/s?	Cat?	Dog?	Please note there are breed restrictions on dogs and a 2 pet maximum				

Residential History

Present address (City/State/Zip)							
Do you rent?	Do you own?	Property owner's name			Property's phone number		
Monthly payment	Reason for moving?		Move in date		Move out date		
Have you ever been threatened with evicetion from this or any other premise? If so please explain							

Employment history

Present employer		Position		Annual income			
Business address				Employment dates			

Vehicle information

Make and VIN #	Model	Year	License #
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Personal history

Have you been convicted of any crimes other than traffic offenses ?	If yes please explain
Have you delcared bankruptcy?	If you please explain
How did you hear about us?	If resident referral please list name

All occupants 18 years of age or older must have renters insurance and must be listed on a policy

Your policy must be at lease \$300,000 // Must cover perils of fire, smoke, explosion, and water
 -Resident understands it is thier responsibility to establish and maintain the policy during the entire term of the lease
 Resident will supply landlord with a copy of policy at move in and renewals // Landlord recommends you include "contents" on your policy
 Resident must list Grande Vista Village LLC as a party of interest for cancellations which can be sent to PO BOX 13753 Columbus Ohio 43213

Please initial this box if you would like contacted by our preffered agent for a renters insurance quote.
 By electing for this option your information will be shared soley with our preferred agent and used only to generate a quote.

The management relies on the information given to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentation, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing your application, you are authorizing the use of any credit reporting/screening agencies the verify credit, and validate accuracy of all the information recorded above. Further, your signature authorizes the management and credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.

I/We hereby deposit with owner/agent the sum of \$ _____ as a security deposit and \$ _____ as a non-refundable screening fee. I/We understand that the security deposit will be retained by management if this application is approved and I/We are unable to fulfill the condition of occupancy. I/We acknowledge that the landlord will suffer damages as a result of the processing of this application and holding a unit off the market. The deposit will be returned if this application is not approved, provided all the above questions are answered correctly and truthfully.

Signature _____ Date _____

Signature _____ Date _____