



RENTAL APPLICATION

TownHomes Management Inc.

407 E. Livingston Ave. • Columbus, Ohio 43215 • (614) 228-3578 • Fax (614) 228-1393

DATE _____

(When This Form is Filled Out)

Applicant's Name				Date of Birth		Social Security #	
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Single	Married	Widowed	Separated	From Whom		Divorced	From Whom
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Spouse's Name				Date of Birth		Social Security #	
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Other Occupants Name			Age	Relationship
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Name			Age	Relationship
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Name			Age	Relationship
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Pet	Type	Age	Size
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RESIDENTIAL HISTORY

Present Address			Phone Number	
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City, State, Zip Code			County	
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Apartment Name/Mortgage Holder		Address		
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City, State, Zip		Phone Number	Move In Date	Move Out Date
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Monthly Payment	Reason For Moving			
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Previous Address				
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City, State, Zip Code			County	
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Apartment Name/Mortgage Holder		Address		
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City, State & Zip Code		Phone Number	Move In Date	Move Out Date
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Monthly Payment	Reason For Moving			
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Previous Address				
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City, State, Zip Code			County	
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Apartment Name/Mortgage Holder		Address		
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City, State and Zip Code		Phone Number	Move In Date	Move Out Date
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Monthly Payment	Reason for Moving			
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PERSONAL REFERENCE (Please list name and phone number)

In Case of Emergency, contact		Relationship	Phone Number
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PERSONAL HISTORY

Have you or your co-applicant ever been evicted or threatened with an eviction from any leased premises?

If yes, from where and what dates?

Have you ever declared bankruptcy?	If yes, what type and year discharged.
Do you or any member of your household currently abuse or engage in a pattern of abuse of alcohol which might in any way interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents?	
Are you, or any member of your household, subject to a life time registration requirement under a sex offender registration program?	
Have you or any member of your household, ever been convicted of or pleaded guilty or "No Contest" to any felony or any sexually oriented offense as defined in Ohio Revised Code §2950.01(D)?	
Do you have a legal right to be in the United States? <input type="checkbox"/> Yes, because I am a US citizen. <input type="checkbox"/> Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services. <input type="checkbox"/> No If you answered "Yes" because you are a non-US citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.	

EMPLOYMENT HISTORY

Present Employer			Position
Business Address			Phone Number
Approximate Gross Yearly Income \$	Employed From	To	Supervisor
Previous Employer			Position
Business Address			Phone Number
Approximate Gross Yearly Income \$	Employed from	To	Supervisor
Spouse's Employer			Position
Business Address			Phone Number
Approximate Gross Yearly Income \$	Employed from	To	Supervisor

CREDIT REFERENCES

Bank	Branch
Savings Account #	Checking Account #

VEHICLE INFORMATION

Total Number of Vehicles to be Parked at Residency			
1) Year	Color	Make/Model	License Tag #
Registered to			
2) Year	Color	Make/Model	License Tag #
Registered to			

APPLICANT CERTIFICATION

BY SIGNING THIS APPLICATION, APPLICANT, AND ALL MEMBERS OF APPLICANT'S HOUSEHOLD, DECLARE THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND AUTHORIZE TOWNHOMES TO VERIFY THIS INFORMATION BY ANY REASONABLE MEANS INCLUDING, BUT NOT LIMITED TO, PERFORMING AND/OR OBTAINING CRIMINAL RECORDS, SEXUAL OFFENDER REGISTRATION CHECKS, CREDIT CHECKS, AND GENERAL BACKGROUND CHECKS. ADDITIONALLY, APPLICANT, AND ALL MEMBERS OF APPLICANT'S HOUSEHOLD, ACKNOWLEDGE THAT THEY ARE UNDER A CONTINUING DUTY TO SUPPLEMENT AND/OR INFORM TOWNHOMES OF ANY CHANGES TO ANY OF THEIR RESPONSES ON THIS APPLICATION. ANY FALSE OR MISLEADING STATEMENT OR A FAILURE TO UPDATE OR SUPPLEMENT ANY RESPONSES ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE. I/We hereby deposit with owner/agent the sum of \$_____ as a security deposit and \$_____ As a non-refundable screening fee, on the premises for which I am applying. I/We understand that the security deposit will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Signature _____ Date _____
 Signature _____ Date _____