

Mak Gregor Management www.RentMGM.com 937-274-8142 Rental Application

Directions: Our office is **North of Philadelphia Drive** on the **Left Hand Side** at **6601 N. Main St. Dayton, OH 45415**

Address Applying For _____ Apt. # _____ Expected Move In Date _____

Rent \$ _____ Deposit \$200 Eff / \$350 1Bdrm / \$450 2Bdrm / \$550 3 Bdrm(circle 1)/Other \$ _____ Who Quoted Prices? _____

Why are you moving? _____ Have you rented before? [] YES [] NO

Answer All Questions Below - If "yes" to any give details on back. Has any signer ever been:

Evicted? [] YES [] NO Guilty of a felony? [] YES [] NO
Placed in collection for any kind of bill? [] YES [] NO Bankrupt? [] YES [] NO

At your current address:

Have you given 30 Days notice? [] YES [] NO Are you on a month to month lease? [] YES [] NO
Have you been asked or told to leave? [] YES [] NO Is your current rent paid? [] Yes [] NO

→
→
PRINT APPLICANT'S FULL NAME - Must Have Middle Initial
D.O.B. ____/____/____ S.S.# ____-____-____
\$ _____ \$ _____
Last year's full income Current income paid: Wkly Bi-Wkly Monthly
→

→
→
PRINT Co-APPLICANT'S FULL NAME - Must Have Middle Initial
D.O.B. ____/____/____ S.S.# ____-____-____
\$ _____ \$ _____
Last year's full income Current income paid: Wkly Bi-Wkly Monthly
→

→
Your **CURRENT** Street Address / City / State / Zip Code \$ _____ / _____ / _____
Rent Per Month Move In Date Your Phone #

→
Your **CURRENT Landlord's** Name/Address (If you are staying with a relative list them as landlord and how they are related to you) Landlord's Phone #
→

→
Your **PREVIOUS** Street Address / City / State / Zip Code \$ _____ From ____/____/____ to ____/____/____
Rent Per Month Dates you lived there

→
Your **PREVIOUS Landlord's** Name/Address (If you stayed with a relative list them and how they are related to you) Previous Landlord's Phone #

Employment Information

→
→
APPLICANT'S Current Employment Start Date ____/____/____
Address _____
What do you do? _____ Hours Per Week _____
Supervisor _____ Phone _____
→
→
APPLICANT'S Previous Employment Dates From/To ____/____/____ to ____/____/____
Address _____
What did you do? _____
Supervisor _____ Phone _____
→
→
APPLICANT'S Personal Reference Name Phone # _____
Relationship To You _____
Address _____

→
→
Co-APPLICANT'S Current Employment Start Date ____/____/____
Address _____
What do you do? _____ Hours Per Week _____
Supervisor _____ Phone _____
→
→
Co-APPLICANT'S Previous Employment Dates From/To ____/____/____ to ____/____/____
Address _____
What did you do? _____
Supervisor _____ Phone _____
→
→
Co-APPLICANT'S Personal Reference Name Phone # _____
Relationship To You _____
Address _____

Were You Referred? [] Yes [] No- If yes, by whom _____ If No, How Did You Hear About Us: _____

Cars: Make _____ Model _____ Year _____ Tag# _____ Loan on Auto with _____

Total # To Live in Apartment _____ Names of all _____

Pets (where allowed) [] Yes [] No If yes give Name/Size/Breed of all _____

ALL APPLICANTS MUST SIGN ON REVERSE AFTER READING

This space is for you to provide additional information regarding your credit history, landlord/rental history, work history, etc. No verbal information will be considered, all information must be in writing:

READ THE FOLLOWING BEFORE SIGNING – APPLICATIONS MUST BE SIGNED OR THEY WILL NOT BE ACCEPTED
 It is understood that the **\$40.00 fee for investigation is not refundable**. If this application is approved the **\$100.00 partial deposit** shall be held by the landlord as a partial security deposit. The balance of the deposit must be paid at the lease signing. If applicant(s) are approved for residency and do not enter into a rental agreement for the rental unit described on this application or another rental unit owned or managed by landlord/agent the deposit shall be forfeit as liquidated damages and not refunded. If this application is not accepted the deposit shall be returned to the undersigned, via check using regular U.S. mail, who waive any claim for damages for non-acceptance of this application which may be rejected without any stated reason. I (we) authorize anyone to investigate the facts, obtain and exchange reports regarding this application or resulting account with credit reporting agencies and others. On request I (we) will be told each agencies name and address. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM, A PHOTOCOPY, SCANNED OR FAXED TRANSMITTAL OF THIS FORM AT ANY TIME.

To be signed by Resident Manager/Agent upon acceptance of completed application:

Applicant(s) Signature(s):

X _____
 Applicant Signature

X _____ Date _____
 Resident Manager/Agent

X _____
 Co-Applicant Signature



Do Not Write Below This Line

Credit Check: _____

Deposit Refunded: Yes No

Criminal/Eviction Check: _____

Applicant Contacted Date: _____

Employment Verified: _____

Lease Signing Date: _____ Time: _____

Landlord Information: _____

Balance Dep. Due: \$ _____

Pet Dep. Due: \$ _____

Double Deposit Required: Yes No

Move-In Date: ____/____

Co-Signer Required: Yes No

Move In Special: _____

Month to Month only: Yes No

Rent Due: \$ _____ Month of _____

Application Approved/Denied Date: _____