RentMGM.com Call/Text 937-274-8142



Main Office 6601 N. Main St. Dayton, OH 45415

**Rental Application** 

ALL QUESTIONS MUST BE ANSWERED OR 1	THE APPLICATION WILL NOT BE PROCESSED.					
Address Applying For:	Apt. # Expected Move In Date:					
Rent \$ Deposit \$ Who Quoted Prices?	Utilities Tenant Pays: Gas Electric Water Sewer Trash					
Where Allowed: Additional Rent for Pet(s) \$ Additional Deposit(s) for	or Pet(s) \$ (Answer pet questions on back)					
Why are you moving?	Have you ever rented before? YES NO					
Answer All Questions Below - If answering "YES" t	o any give details on back. Has any signer ever been:					
Evicted? YES NO Or had an eviction started/stopped? YES	NO (if yes provide address/dates on back)Bankrupt? YES NO					
Placed in collection for any kind of bill? (medical, car loan, student loan, credit card etc.) YES NO Guilty of a felony? YES NO						
At your current address:						
Have you given 30 Days notice that you are moving? 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 FULL NAMES – Include Middle Initial						
Applicant's Full Name:	Co-Applicant's Full Name:					
D.O.B:// S.S.#	D.O.B:// S.S.#					
Income: \$ Weekly Bi-Weekly Monthly	Income: \$ Weekly Bi-Weekly Monthly					
Phone: Text: YES NO	Phone: Text: YES NO					
Email:	Email:					
Current APPLICANTS: Current/Ad	Idress Landlord Information					
Address: State Address / City / State / Zip Code	Rent Per Month Move in Date					
Current Landlord:	Phone #					
Are you related to this landlord? YES NO How?						
(If same as applica	ress/Landlord Information ant's just write SAME)					
Current Address:	\$//					
State Address / City / State / Zip Code Current	Rent Per Month Move in Date					
Landlord:	Phone #					
	nployment Information					
Applicant's	Co-Applicant's					
Employer: / Start Date	Employer: /					
Address:	Address:					
What do you do?     Hours Per Week	-					
Supervisor Phone	Supervisor Phone					
Applicant's Previous Employer:/	Co-Applicant's Previous Employer:/					
Address:	Address:					
What do you do? Hours Per Week						
Supervisor Phone	Supervisor Phone					

## Answer All Questions Below

Does an organization assist you with your rent or other expenses?       YES       NO       If Yes, which?						
Cars: Make	. Model	Year	Tag #_		Loan on Auto with	
Total # To Live in Unit	Name of all					
Pets (where allowed) YES	NO	If yes, give Name/Size/Breed of all				
Where You Referred? YES	NO	If yes, by whom				
Applicant's Emergency Contact w/#:				ant's Emergency #:		

## ALL APPLICANTS MUST SIGN AFTER READING

This space is for you to provide additional information regarding your credit, landlord/rental, 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 PROCESSED

It is understood that the **\$50.00 fee for application processing 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 made payable to all applicants, using regular U.S. mail. By signing below all applicants waive any claim for damages for non-acceptance of this application which may be rejected without any stated reason. All applicants authorize anyone to investigate the facts, obtain and exchange information and reports regarding this application or resulting account(s) with credit reporting agencies and any others deemed necessary by landlord. On request applicants 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, OR SCAN OF THIS FORM, AT ANY TIME.

X Applicant Signature	Date	
Print Full Name With Middle Initial		
X Co-Applicant Signature	Date	EQUAL HOUSING
Print Full Name With Middle Initial		OPPORTUNITY