

Sycamore Limited

P.O. Box 67

Minster, Ohio 45865

www.sycamorerentals.net

Phone: (937) 205-6869 or (937) 776-0718 Fax (937) 764-8077

Sycamoreltd@gmail.com

Residential Rental Application

(Each co-resident must submit a separate application)

INSTRUCTIONS: Response required for each blank. Use N/A if not applicable. Please print except for signature. Use full names and initials. If living at temporary address please use last previous address as present address.

Date: _____
Applicant's Full Name _____
Present Address: _____
City: _____ State: _____ Zip: _____ Home Ph# _____
Cell Ph # _____ E-mail Address: _____
Social Security Number: _____ Date of Birth: _____
Marital Status: Married () Single () Divorced () Separated ()

Co -Applicant/ Spouse Name: _____

How many persons will occupy this apartment _____

_____	_____	_____	_____	_____	_____
Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
Name	Age	Relationship	Name	Age	Relationship

Has applicant, spouse, or any other proposed occupany ever:
Filed for bankruptcy? No () Yes ()
Been evicted? No () Yes ()
Willfully or intentially refused to pay rent when due? No () Yes ()
Had a criminal record No () Yes () If yes, please explain: _____

Been arrested for drug usage or trafficking in drugs? No () Yes ()
If yes, please explain: _____

EMPLOYMENT HISTORY

Current Employer: _____ Company Phone: () _____
Address: _____ Position: _____
Employed From: _____ To: _____ Salary: _____
Supervisor's Name: _____

Previous Employer: _____ Company Phone: () _____
Address: _____ Position: _____
Employed From: _____ To: _____ Salary: _____
Supervisor's Name: _____

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OTHER SOURCES OF INCOME

Source: _____ Amount per month: _____

Source: _____ Amount per month: _____

RESIDENTIAL HISTORY

Current Apartment Name or Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Landlord's Phone: () _____ From: _____ To: _____

Monthly Payments: _____ Reason for Moving: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCE

Name of Bank: _____ Branch: _____ Contact: _____

Address: _____ City: _____ State: _____

VEHICLES

Year: _____ Make: _____ License Number: _____ State: _____

Year: _____ Make: _____ License Number: _____ State: _____

Do you have a trailer, truck or boat? _____

PETS

Number: ____ Type(s): _____ Weight(s): _____ Breed(s): _____

Please list two relatives or personal references:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

I/We do hereby consent to and authorize the landlord and/or any representative of Sycamore Ltd, to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, State, Federal Law Enforcement Agencies, Credit Reporting Agencies, present and/or past employers including but not limited to present and/or past salary verification, present and/or past residences. I/We understand that any and all information obtained may be considered by the landlord and/or Starpoint Credit Screening Inc., in accordance with the established screening criteria, as a factor in decisions they make with respect to the property for which I am applying. I acknowledge that the credit screening may result in a 'hard inquiry' upon my credit rating and may affect it thusly so.

Furthermore, I/We hereby release and hold harmless any agencies, owners, and affiliates (including but not limited to officers, directors, and employees) that shall provide information to the landlord and/or Starpoint Credit Screening, Inc., upon request, from any and all claims, demands, suits, or expenses arising from or related to the content, validity, or handling of said reports.

I hereby certify that I have read and reviewed the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result immediate rejection of this application. I/We understand that this is an application and does not constitute a lease agreement in whole or part.

Signature: _____ Date: _____