

# Rental Application

**Graystone Park**  
 134 W. S. Boundary Suite B  
 Perrysburg, Ohio 43551

Phone 419.873.9933  
 Cell 419.343.4633  
 Fax 419.873.0622

**Instructions:** A separate application must be filled out by each applicant (unless married). Completely fill out each blank and sign where indicated. A \$25 application fee is required for the investigative consumer report.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
 SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Spouses Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Mothers Maiden Name \_\_\_\_\_ Drivers Lisc. # & State \_\_\_\_\_  
 Present Landlord \_\_\_\_\_ Address \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_ Present Rent \_\_\_\_\_  
 Are You Up to Date \_\_\_\_\_ Number of occupants of this apartment \_\_\_\_\_

Name	SS#	DOB	Relationship

Car Make/Color \_\_\_\_\_ Lisc \_\_\_\_\_ State \_\_\_\_\_  
 Car Make/Color \_\_\_\_\_ Lisc \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Work Phone \_\_\_\_\_

If less than five years give additional employer

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Work Phone \_\_\_\_\_

Current Income \_\_\_\_\_ Weekly or Monthly \_\_\_\_\_  
 Other Income \_\_\_\_\_ Source \_\_\_\_\_

Creditors:

NAME	CURRENT PAYMENT	AMOUNT	CURRENT Y/N

References:

Relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Explain any Yes answers below:

Has any signer ever been sued for bills ? Yes No

Has any signer ever filed for bankruptcy ? Yes No

Has any signer ever been sued for eviction ? Yes No

Has any signer ever been found guilty of a felony ? Yes No

Has any signer ever broken a lease ? Yes No

Do you smoke? Yes No

In the past two years have you received welfare or unemployment ? Yes No

**Explain Yes Answers:**

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Name in which your utilities are now billed \_\_\_\_\_.

Applicant authorizes the owner or his agents to contact past or present Landlords, employers, creditors, credit bureau, neighbors and any other source deemed necessary to investigate applicant. Applicant acknowledges that if a denial is made based on the information provided by a third party (bank, credit report, former landlord, or employer) federal law requires the management to make this information available to applicant upon request.

**All information is true, accurate, and complete to the best of my knowledge. Management and owners reserve the right to disqualify applicant if information is not accurate.**

X \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

*This section to be completed by management:*

Credit report Favorable / Unfavorable By:

\_\_\_\_\_ Other

Comments: \_\_\_\_\_

Deposit: \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Unit \_\_\_\_\_

Months \_\_\_\_\_ Move in Date \_\_\_\_\_

Lease Expires \_\_\_\_\_ Referred By \_\_\_\_\_