

caaColumbus
Apartment
Association

Rental Application

Each co-applicant must submit separate application

EQUAL HOUSING
OPPORTUNITY

Date completed _____

Full Name				Date of Birth		SS#	
Check one	Single	Married	Widowed	Separated	Divorced		
Roommate / Spouse's name			Date of Birth		SS#		
Other Occupants							
Name			Age	Relationship			
Name			Age	Relationship			
Pet?	Type		Size				
Contact Information							
Phone #		Mobile #		Email :		How do you prefer that we contact you?	
Rental History							
Present address							
City, State Zip							
Apartment Community / Mortgage Holder				Address			
City, State Zip				Phone #	Move-in date	Move-out date	
Monthly Payment				Reason for moving			
Previous Address						Phone #	
City, State Zip							
Apartment Community / Mortgage Holder				Address			
City, State, Zip				Phone #	Move-in date	Move-out date	
Monthly Payment		Reason for moving					
***Any evictions? If yes, explain							

Application Fee
\$50

Employment History

Present Employer		Position
Business Address		Phone #
Gross Yearly Income or rate of pay	Employed from to	Supervisor
Previous Employer		Position
Business Address		Phone #
Gross Yearly Income or rate of pay	Employed from to	Supervisor
Roommate / Spouse's Employer		Position
Business Address		Phone #
Gross Yearly Income or rate of pay	Employed from to	Supervisor

Emergency Contact & Phone Number#

Name / Relationship to you / Phone #

- 1.
- 2.

Vehicle Information

1. Year	Color	Make/ Model	License Tag #
2. Year	Color	Make/Model	License Tag #

Have You Ever Been Convicted of a Crime (other than a traffic offense)?

If Yes, Explain

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application you are authorizing the use of any credit reporting/screening agencies to verify credit, validate the accuracy of information recorded above, and to permit the Management Company to perform an In-Home Inspection to determine eligibility. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information.

I/We hereby deposit with owner/agent the sum of \$_____ as a security deposit and \$_____ as a non-refundable screening fee on the parties listed below. I/We understand that the security deposit will be retained by the management if this application is approved and I am unable to meet 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 information is answered correctly and truthfully.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____