



1466 Northwest Blvd., Columbus, Ohio 43212
Office: (614) 486-7070 Fax: (614) 486-0102

Application for Lease

Applying for lease at address: Rent Amount \$
Utilities you pay: GAS ELECTRIC WATER/SEWER Lease Dates:
Applicant's Name:

Last First Middle
Date of Birth SS# Phone # Email

Rental History:

Present street address City State Zip

Present Owner/Manager Owner/Manager's Phone # Rent \$

Occupied from to

Previous street address City State Zip

Previous Owner/Manager Owner/Manager's Phone # Rent \$

Occupied from to

Employment History

Present Employer Phone # Position/Title

Supervisor Monthly income Length of Employment

Previous Employer Phone # Position/Title

Supervisor Monthly income Length of Employment

Spouse's Name:

Last First Middle

Marital Status Spouse to sign lease? # of occupants

Pet Information

Number Type and Breed Age(s) Weight(s)

Guarantor Information

Guarantor's Name: Last First Middle

Street Address City State Zip

Relationship to Applicant Should invoices be mailed to guarantor?

Emergency Contacts: (List two relatives or friends, not spouse or children)

1) Name Phone Relationship

Address City State Zip

2) Name Phone Relationship

Address City State Zip

IMPORTANT AGREEMENT:

Have you ever been asked to leave a rental property? If yes, explain

Have you ever been convicted of a crime? If yes, explain

I believe all above information to be true to the best of my knowledge. I further authorize you to check my credit record, all rental and employment histories, and arrest record. I understand that this is a legal binding agreement and if the above-named applicants do not lease the above-named premises or complete and return all necessary paperwork by (move in date), my entire deposit is to be liquidated as damages in the re-leasing of the above named premises. I further understand that if any false or misleading information has been given on this application, or if I decide to cancel this agreement, my entire deposit will be forfeit to be liquidated as damages by RZ Realty in the releasing of the above-named premises.

Signature of Applicant Date

TO BE COMPLETED BY OFFICE ONLY:

Driver's License State and Number Date of Birth

Social Security Number Identification Received By

