Stimens Apartments Rental Application

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| PROPERTY APPLYING FOR:\* PLEASE PROVIDE YOUR PROOF OF INCOME –SIGN TOP OF SECOND PAGE- INCLUDE $25 APP FEE PER ADULT\* | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Applicant Information Email: | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Name**: First: MI: Last: | | | | | | | | | | | | | | | | **Phone:** | | | | | | | | | |
| Date of birth: | | | | SSN: | | | | | | | | | | | | Are you legally authorized to reside in the USA? | | | | | | | | | |
| **Have you ever been convicted of a felony? If yes, please provide brief explanation:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current address:** | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | | |  |
| Monthly Payment: Rent (Please circle) | Owned or Rented (Circle) | | | | | How long? Reason for Leaving: | | | | | | | | | | | | | | | | | | | |
| Landlord’s Name: | | | | | | | | | | | | | Landlord’s Phone Number: | | | | | | | | | | | | |
| **Previous address**: | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | State: | | | | | | | | | | | | | | | ZIP Code: | | | | | | | |
| Monthly payment: | Owned or Rented (circle) | | | | | How long? Reason for leaving: | | | | | | | | | | | | | | | | | | | |
| Landlord’s Name: | | | | | | | | | | | | | Landlord’s Phone Number: | | | | | | | | | | | | |
| **Current Employer:** | | | | | | | | | Position: How Long? | | | | | | | | | | | | | | | | |
| **Additional Income:** | | | | | | | | | Monthly Gross Income: | | | | | | | | | | | | | | | | |
| **Vehicle/Color:** | | | **Lic. Plate:** | | | | | | | | **Dr. Lic Number:** | | | | | | | | | | | | | **State Issued:** | |
| **Emergency Contact –** Name of a family member not residing with you: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to you: | | | | | | | | | | | | | | | | | | | Phone: | | | | | | |
| Address: | | | | City: | | | | | | | | | | | | | | | State: | | | Zip Code: | | | |
| **Have you ever rented from us before?** | | | | | | | | **Have you ever been evicted?** | | | | | | | | | | | | | | | | | |  |
| **Co-Applicant Information Email:** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Name**: First : MI: Last: | | | | | | | | | | | | | | | | | **Phone:** | | | | | | | | |
| Date of birth: | | | | SSN: | | | | | | | | | | | | | Are you legally authorized to reside in the USA? | | | | | | | | |
| **Have you ever been convicted of a felony? If yes, please provide brief explanation:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current address:** | | | | | | | | | | | | | | City/State/Zip | | | | | | | | | | |  |
| Monthly Payment: Rent (Please circle) | Owned or Rented (Circle) | | | | | How long? Reason for Leaving: | | | | | | | | | | | | | | | | | | | |
| Landlord’s Name: | | | | | | | | | | | | | | | Landlord’s Phone Number: | | | | | | | | | | |
| **Previous address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | State: | | | | | | | | | | | | | | | ZIP Code: | | | | | | | |
| Monthly payment: | Owned or Rented (circle) | | | | | How long? Reason for Leaving: | | | | | | | | | | | | | | | | | | | |
| Landlord’s Name: | | | | | | | | | | | | | | | Landlord’s Phone Number: | | | | | | | | | | |
| **Current Employer:** | | | | | | | | Position: How Long? | | | | | | | | | | | | | | | | | |
| **Additional Income:** | | | | | | | | Monthly Gross Income: | | | | | | | | | | | | | | | | | |
| **Vehicle/Color:** | | | **LicPlate:** | | | | | | | | **Dr. Lic.Number** | | | | | | | | | | | | **State Issued:** | | |
| **Co-Applicant Emergency Contact –** Name of a family member not residing with you: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to you: | | | | | | | | | | | | | | | | | | | | | Phone: | | | | |
| Address: | | | | | City: | | | | | | | | | | | | | | | | State: | | | | |
| **Have you rented from us before?** | | | | | | | | | | | | **Have you ever been evicted?** | | | | | | | | | | | | | |
| **Occupants – Please list below ALL persons who will be occupying the rental property** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and relationship to you:** | | | | | | | | | | **Name and relationship to you:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Pets:Yes No (circle) | | How many pets? | | | | | Type(s) of pet(s): | | | | | | | | | | | | | | | | | | |
| **Signatures(**Applicants hereby give Stimens Apartments permission to access their credit and criminal history and verify that all above statements are true.**)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| Signature of co-applicant: | | | | | | | | | | | | | | | | | | | | Date: | | | | | |
| **How did you hear about us?** | | | | | | | | | | | | | | | | | | | | | | | | | |

Return application to Stimens Apartments at 711 S. Main St., Mansfield, OH44907phone :( 419) 774-9292 fax: (419) 774-9263 stimensapts@yahoo.com