Stimens Apartments Rental Application

|  |  |
| --- | --- |
| 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