

**JMR HOLDINGS 210 N. BREIEL BOULEVARD SUITE 200 MIDDLETOWN, OH 45042 (513) 727-0154
RESIDENTIAL RENTAL APPLICATION**

Application Date: ___/___/___		APPLICATION NUMBER or ID		Equal Housing Opportunity	
APPLICANT INFORMATION					
LEGAL NAME OF APPLICANT – FIRST		Last		MIDDLE	
CURRENT ADDRESS		CITY		STATE and ZIP	
DATE OF BIRTH	OCCUPATION – Full or Part Time	YEARLY INCOME	HOME PHONE	CELL PHONE	
EMPLOYER			EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY			
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE		
CURRENT RENT	AUTO LIC PLATE				
CO - APPLICANT INFORMATION					
NAME OF CO APPLICANT – FIRST		Last		MIDDLE	
CURRENT ADDRESS		CITY		STATE and ZIP	
DATE OF BIRTH	OCCUPATION	YEARLY INCOME	HOME PHONE	CELL PHONE	
EMPLOYER			EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY			
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE		
CURRENT RENT:	AUTO LIC PLATE				
APPLICANT'S REFERENCES (OTHER THAN RELATIVES)					
NAME		Address		PHONE	
1.					
2.					
CO-APPLICANTS REFERENCES					
1.					
2.					
APPLICANT'S BANK REFERENCES					
CHECKING					
SAVINGS.					
CREDIT CARDS/OTHER					
CO-APPLICANTS BANK REFERENCES					
CHECKING					
SAVINGS					
CREDIT CARDS/OTHER					

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____

ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

- 1. _____ 3. _____
- 2. _____ 4. _____

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

NOTICES:

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the management company, owner or servicing company to perform a credit on me/us. I/We agree to pay \$15.00 for the credit check as permitted by state law.

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Credit Fee \$ _____ Date: _____ Security Deposit: \$ _____ Date: _____

Credit Report Requested Date: _____ Review Date _____ by: _____ Approved Y___ N___

OFFICE NOTES:

If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

Name of Applicant

Date

Name of co Applicant

Date

AUTHORIZATION
Release of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

Name (please print)

Signature

Date

Name (please print)

Signature

Date