



Rental Application Form

Property Information

Property Address: 537 Alpha Ave, Akron

Monthly Rent: \$1350

Security Deposit: \$1350

Lease Term: 1 year

Applicant Information

Full Name:

Date of Birth:

Social Security Number:

Phone Number:



Rental Application Form

Email Address:

Current Address

Street Address:

City:

State:

ZIP:

Duration at Current Address:

Reason for Leaving:



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Previous Address (if less than 2 years at current address)

Street Address:

City:

State:

ZIP:

Duration at Previous Address:

Reason for Leaving:

Employment Information

Current Employer:



Rental Application Form

Employer Address:

Position:

Monthly Income:

Supervisor's Name:

Supervisor's Phone Number:

References

Reference 1

Name:

Relationship:



Rental Application Form

Phone Number:

Reference 2

Name:

Relationship:

Phone Number:

Other Occupants

Full Name:

Relationship:

Date of Birth:

Pets



Rental Application Form

Pet Type (Dog/Cat):

Breed:

Weight:

Additional Information

Service Animal (Yes/No):

Smoking (Yes/No):

Section 8 (Yes/No):

Agreement and Authorization

I declare that the information provided in this application is true and correct to the best of my knowledge.



Rental Application Form

I authorize the verification of any or all information listed above.

I understand that false information or omissions may disqualify me from renting this property.

I agree to pay a non-refundable application fee of \$35.

Applicant Signature:

Date:

Contact Information for Application Submission

Email:

Phone: