



**RENTAL APPLICATION**

Georgetown Apartments  
59 Fitz-Henry Blvd.  
Columbus, Ohio 43214  
Phone: 614-888-1118  
Fax: 614-888-3019

Date of Application \_\_\_\_\_

Given By \_\_\_\_\_

Assigned Address \_\_\_\_\_ Move in Date \_\_\_\_\_  
Lease Term: One Year / Other \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Other Fee(s) \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ # of Persons \_\_\_\_\_ Furnished: No

Paid by Resident: Gas Electric Water Monthly Pet Fee (\_\_\_\_\_)

Check One: Applicant Co-Applicant Spouse Lease Guarantor

Name \_\_\_\_\_ Driver Lic. # \_\_\_\_\_  
Drivers Lic. Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**Present Address** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

Rent ( ) Own ( ) From \_\_\_\_\_ To \_\_\_\_\_ Rent \$ \_\_\_\_\_ **Marital Status**  
Present Owner \_\_\_\_\_ Married \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Single \_\_\_\_\_  
Widow \_\_\_\_\_  
Owners Address \_\_\_\_\_ Separated \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Divorced \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ No. of Children \_\_\_\_\_

**Previous Address** \_\_\_\_\_ **Names/Ages of Children**  
City, State, Zip \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_  
Rent ( ) Own ( ) From \_\_\_\_\_ To \_\_\_\_\_ Rent \$ \_\_\_\_\_ 3. \_\_\_\_\_

Previous Owner \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Pets \_\_\_\_\_

Owners Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**If Current Student:**

College \_\_\_\_\_ Student Year (Circle One) 1 2 3 4 Graduate School  
College Funding \$ \_\_\_\_\_ Source \_\_\_\_\_

**Present Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Full-time ( ) Part-time ( )  
Monthly Income (gross) \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Full-time ( ) Part-time ( )  
Monthly Income (gross) \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

**Vehicles**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_ MO/Pmts \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_ MO/Pmts \$ \_\_\_\_\_

**Credit Cards**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Installment, Credit Card and Revolving Accounts

Current Total Balances Owed \$ \_\_\_\_\_

Current Total Monthly Payments \$ \_\_\_\_\_

Bank References

Bank \_\_\_\_\_

Bank \_\_\_\_\_

If YES, please explain on a separate sheet.

- Y N Are you presently being evicted from a residential dwelling or have you ever been evicted?
- Y N Have you or your co-applicant ever been threatened with an eviction from any leased premises?
- Y N Have you ever filed Bankruptcy? When? \_\_\_\_\_
- Y N Have you ever been convicted of any drug-related or alcohol-related activity?
- Y N Have you ever engaged in the sale of illegal drugs?
- Y N Do you currently engage in the use or sale of illegal drugs?
- Y N Have you ever been convicted of a crime other than a minor traffic offense?
- Y N Are there any money judgments against you?
- Y N Do you owe anyone money for a residential dwelling for rent or damages either disputed or not disputed?

**How did you find out about us?** \_\_\_\_\_

If a resident referral, please give name \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Read Carefully Before Signing**

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, and validate accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.

I hereby deposit with Everest Georgetown LLC the sum of \$ \_\_\_\_\_ Money Order Check \_\_\_\_\_, as partial full security deposit on the above premises which will be held and applied as follows: (a) the deposit will be refunded to the applicant(s) if this application is not approved; (b) if this application is approved and the applicant(s) signs the rental agreement, the deposit will be applied as part of the security deposit required by the rental agreement; or (c) if this application is approved and the applicant(s) refuses to sign the rental agreement, the agent will retain a minimum of **\$250.00** as a processing fee and will have the right to retain all or part of the balance of the deposit as liquidated damages for the refusal by the applicant(s) to sign the rental agreement.

A non-refundable application processing fee of **\$35.00** has been given to Everest Georgetown LLC.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Lease Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Received By \_\_\_\_\_ Date \_\_\_\_\_

Breakdown: \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Other Fees Type \_\_\_\_\_  
 \$ \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Total Fee Received

\_\_\_\_ Approved: Date \_\_\_\_\_ Conditions \_\_\_\_\_  
 \_\_\_\_ Disapproved: Date \_\_\_\_\_  
 Applicant Notified: Date \_\_\_\_\_ By \_\_\_\_\_