Bambi Properties, LLC / New Lisbon Realty, LLC / Lisbon Maintenance Co. 7716 Depot Rd #1 Lisbon OH 44432 (330) 222-1274 Phone (330) 222-1500 Fax

RESIDENTIAL RENTAL APPLICATION

Application Date:						
Rental Location:						
Desired Move In Date:						
PERSONAL INFORMA	TION					
Name:						
Date of Birth:			Social Security Number:			
			<u> </u>			
Co-Applicant's Name:			Relationship to Applicant:			
Date of Birth:			Social Security Number:			
			<u> </u>			
DEPENDANTS						
Name:			Date of Birth:			
Name:			Date of Birth:			
Name:			Date of Birth:			
Pets:	() Yes	() No	List Type/Breed:			
Pets are not allowed	in our unit	s unless it is a valid service a	nimal/emotional support anima	al; verification	will be required	
DECIDENTIAL LUCTOR	.,					
RESIDENTIAL HISTORY	<u>r</u>	(THREE YEAR HISTORY) Use back	of sheet if more space is needed	Carreti		
Current Address:	<u> </u>			County		
How long at current add	1622.		() With utilities	())	N/ithout utilities	
Landlord's Name:	<u> </u>		Phone Number:	() Without utilities		
Landiold 5 Name.			i none number.			
Reason For Leaving:	1					
reason of Leaving.						
Previous Address:				County		
How long at address:						
Rent:			() With utilities	() \	Vithout utilities	
Landlord's Name:			Phone Number:			
Please answer the follow	wing quest	ions:				
Ever declared bankruptcy?		() YesYear	() No			
2. Ever been evicted?		() Yes	() No			
3. Ever had 2 or more late payments in the past year?			() Yes	() No	() No	
4. Ever willfully or intentionally refused to pay rent when due?			() Yes	() No	() No	
5. Ever had a judgement or a lien?			() YesYear	() No	() No	
6. Ever been convicted of a crime?			() Yes	() No		
If yes, explain number of	of convictio	n(s), nature of offenses(s), h	ow recent offense(s) occurred	d, disposition	of court	
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FMPI	ENT	LICT	$\cap DV$

EMPLOYMENT HISTO	PRY			
Status:	() Full Time	() Part Time	() Retired	()Unemployed
Employer:				
Start Date:			Position:	
Supervisor Name:			Phone Number:	
Income:				
	•			
Status:	() Full Time	() Part Time	() Retired	()Unemployed
Co- Applicant's Employ	ver:			
Start Date:	·		Position:	
Supervisor Name:			Phone Number:	
Income:			-	
	. You do not have			source, and person who we may ual income unless you want us to
Amount	Sou	rce/Contact	Phone Number	
REFERENCES (PREFERA	ABLY NOT A RELATIVE)		
Name:			Phone Number:	
Name:			Phone Number:	
Name:			Phone Number:	
BANK INFORMATION	1		u	
Name:		Accour		
Name:		Accour		
Name:		Accour	**	
All rental payments wi		a valid checking or	savings account.	
AUTOMOBILE INFOR	MATION			
YEAR:		MAKE/MODEL:		FINANCED Y/N
YEAR:		MAKE/MODEL:		FINANCED Y/N
YEAR:		MAKE/MODEL:		FINANCED Y/N
ADDITIONAL INFORM Where may we reach y		application?		
Phone Number:			Best time to Call:	

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In order to rent or lease to own with our company, payments <u>must</u> be done <u>electronically</u> by check or credit card.

I hereby apply to rent the above described premises upon the conditions above set forth and agree that rent is to be payable the first day of each month in advance. I warrant that all statements above set forth are true. I recognize that as 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.

The above information, to the best of my knowledge, is true and	correct.	
Applicant Name (Please Print)	Co- Applicant Name (Please Print)	
Applicant Signature	Co-Applicant Signature	
Date Legran to permit an investigation to my gradit, givil & griminal had	Date Compared to continuous of the purposes	
I agree to permit an investigation to my credit, civil & criminal back renting with this owner.	kground, tenant history, and employment for the purposes of	
Applicant Name (Please Print)	Co- Applicant Name (Please Print)	
Applicant Signature	Co-Applicant Signature	
Date	Date	