

# RESIDENTIAL LEASE APPLICATION

Each applicant and co-signer (if applicable) must fill out a separate application.

Application Date: \_\_\_\_\_ Address Applied For: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Lease Start Date: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
FIRST LAST

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## CURRENT ADDRESS

Street Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

## PREVIOUS ADDRESS

Street Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

## REFERENCES

Business: \_\_\_\_\_  
NAME ADDRESS CITY/STATE/ZIP PHONE  
Personal: \_\_\_\_\_  
NAME ADDRESS CITY/STATE/ZIP PHONE  
Banking: \_\_\_\_\_  
NAME ADDRESS CITY/STATE/ZIP PHONE

### Return Application to:

DeVay Properties Inc.  
9517 Moorgate Ct.  
Centerville Oh 45458  
Fax: (937) 806-1071

### DEPOSITS:

Application Fee: \$25 (Due Upon Receipt of Application)  
Pet Deposit is \$200 (Non-Refundable) + Mthly Fee  
All Resident 18 Yrs of age & over must be on Application

**NOTIFY IN CASE OF EMERGENCY**

NAME	RELATIONSHIP	ADDRESS	CITY/STATE/ZIP	PHONE

**VEHICLE INFORMATION**

YEAR	MAKE	MODEL	COLOR	PLATE #

**PETS**

TYPE	BREED	SEX	COLOR	SIZE

**OTHER OCCUPANTS**

List names and birthdates of *all* additional occupants 18 years and older:

List names and birthdates of *all* dependents 18 years or younger:

I warrant that all statements contained in this application are true and accurate and that I have not knowingly withheld any information which would, if disclosed, affect my application unfavorably. I hereby provide the owner or its authorized agent with my consent to communicate with my current and former landlords, as well as my current employer(s) for the purpose of, among other things, verifying the information listed herein. I am aware that a credit history, eviction search, and criminal background check may be conducted in conjunction with my application.

Any person or firm is authorized to release information pertaining to my credit history or suitability as a tenant upon presentation of this form or a photocopy of this form.

It is understood that any processing fee associated with this application is non-refundable, but that any security deposit received from me will be refunded if my application is not approved.

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

\_\_\_\_\_  
Date

**Return Application to:**

DeVay Properties Inc.  
9517 Moorgate Ct.  
Centerville Oh 45458  
Fax: (937) 806-1071

**DEPOSITS:**

Application Fee: \$25 (Due Upon Receipt of Application)  
Pet Deposit is \$200 (Non-Refundable) + Mthly Fee  
All Resident 18 Yrs of age & over must be on Application