P.O. Box 31030, Cincinnati, OH 45231 Phone (513) 931-6625 Fax (513) 541-5543

Please Print

-					
(1) Applicant Name					<u>-</u>
Social Security Nu	mber	Bi	rth Date _	<i>P</i>	.ge
Driver's License N	umber		St	ate	
Present Address					
City		State	<u> </u>	Zip	<u>.</u>
Phone Number	Но	ow long ha	ave you liv	ved there	?
Present Rent	Landlo	rd	F	hone	
Reason For Leaving					
(2) Applicant Name					
Social Security Nu	mber	Bi	rth Date _	<i>P</i>	.ge
Driver's License N	umber		St	ate	
Present Address					
City		State	<u> </u>	Zip	
Phone Number	Но	ow long ha	ave you liv	ved there	?
Present Rent	Landlo	rd	F	Phone	<del> </del>
Reason For Leaving					
Other Occupants:					
Name		Rela	tion		_ Age
					_
Name		Rela	tion		_ Age
* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	*****	*****
Number of Vehicles	s (includia	ng Compan	y Cars)		
Make/Model	Year	Color	Tag No	Sta	te
Make/Model	Vear	Color	Tag No	Q+a:	
Plake/ Plode1	rear	COTOI	1ag No	Sca	
* * * * * * * * * * * * * * * * * * *	*****	*****	*****	*****	*****
How did you find	out about	our apart	ments? _		

Applicant (1)	Applicant (2)			
Employer	Employer			
Address				
Phone				
Position				
How Long?				
Supervisor				
Gross Income	Gross Income			
Other Income Sources	Other Income Sources			
_	Cedit Cards/Loan Payments/ ): Other Debts (To Whom, Amount):			
Have You Ever:				
	Yes No If yes, when? Yes No If yes, when?			
Been rejected for an apartmen	t? (1) Yes No (2) Yes No			
Been rejected for credit?	(1) Yes No (2) Yes No			
*******	*********			
the best of my knowledge and any the lease null and void, and the 2. It is understood by the undersign involves no obligation on the par occupancy of the proposed apartme	anagement to obtain and research a credit			
Read entire ap	plication before signing.			
Applicant (1) Signature	Date			
Applicant (2) Signature	Date			