

APPLICATION FOR OCCUPANCY - DMG Rentals

Property _____

Move-In Date _____

Rental Amount \$ _____

Apartment # _____

1. PERSONAL (Please print)

Applicant	Daytime Phone	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Social Security #	Driver's License #		
Co-Applicant's Name	Daytime Phone	Date of Birth	
Co-Applicant's SSN	Co-Applicant's Driver's License #		

2. EMPLOYMENT (Last 2 years)

Present Employer			Work Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor
Previous Employer			Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor
Co-Applicant's Employer			Work Phone #
Address	City	State	Zip
Dates employed?	Monthly Income	Position	Supervisor

3. CREDIT REFERENCES

Creditor Name		Address	
Monthly pmt	Balance	Account #	Phone #
Creditor Name		Address	
Monthly pmt	Balance	Account #	Phone #
Checking Account Bank		Branch	
Savings Account Bank		Branch	

4. CONTACT INFORMATION

Applicant Email:	Co-Applicant Email:	Ok to send text: Y N
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5. RESIDENCE HISTORY (2 Years)

Present Address		City	State	Zip	Landlord's Phone #
Present Landlord	Dates of res.?	Monthly rent	Reason for leaving		
Previous Address		City	State	Zip	Landlord's Phone #
Previous Landlord	Dates of res.?	Monthly rent	Reason for leaving		

How did you hear about us?

Drive By Direct Mail Newspaper Yellow Pages Apartment Guides
 Internet (Which site? _____) Referred By _____ Other

6. TRANSPORTATION		
A. Make of Auto		Year
License Tag #	Expiration	Color
County		State
B. Make of Auto		Year
License Tag #	Expiration	Color
County		State
List all recreation vehicles (boat, motorcycle, etc.)		
7. OTHER OCCUPANTS		
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Total # of persons occupying this apartment:		
Referred to DMG Rentals by:		
IN CASE OF EMERGENCY NOTIFY (other than another occupant)		
Address		Phone#
Relationship to you		
Email:		

Pet Info:

Do you have a pet?	Yes	No
What type of pet do you have?	Cat	Dog
What is the breed type?		
What is your pets weight?		
How old is your pet?		
Meet Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VERIFICATIONS (For office use only)

CREDIT REPORT

_____ # Positive
 _____ # Negative
 _____ # Public Records
 _____ Criminal Record

Other info:

RENTAL REFERENCE

_____ See Attached Fax
 _____ Spoke to:

Results:

Other Info:

EMPLOYMENT VERIFICATION

_____ Pay Stub Attached
 _____ Spoke to:

Results:

Other Info:

Have you ever been convicted of or plead guilty or "no contest" to a felony whether or not resulting in a conviction? YES ____ NO ____

Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor involving sexual misconduct, whether or not resulting in a conviction? YES ____ NO ____

Applicant has submitted the sum of \$ 25.00 for first applicant and \$25.00 for all others which is nonrefundable payment for a credit check and processing charge. Such sum is not considered part of rental payment or security deposit. In the event the application is denied by Management or cancelled by applicant, this sum will be retained by management to cover the cost of processing this application. I certify that information given herein is true, complete and correct. I/we authorize management to verify all information on my rental application, including consumer credit reporting agency, public records, current and previous rental property owners and managers, employers and personal references.

I hereby deposit \$200.00/\$300.00/\$400.00/\$500.00 with Management as a good faith deposit in connection with this rental application. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit. I have the right to cancel this application within 72 hours of making application and will receive a full refund of my good faith deposit. If I cancel this application after 72 hours of making application and fail to execute Management's usual rental agreement, I understand that I forfeit the total good faith deposit to Management. I further understand that signing this application does not constitute an obligation on the part of Management to provide an apartment until the lease agreement is signed by both parties. I, the undersigned, hereby acknowledge that I have read, fully understand and agree to the above terms and conditions.

By signing this application, I declare that all of my responses are true and complete and I authorize Management to verify this information. Any false statements made on this application can lead to rejection of my application or immediate termination of my lease.

Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____
Management Representative _____	Date _____

Reasons
<input type="checkbox"/> Unfavorable Credit Report <input type="checkbox"/> Unfavorable Report from Previous Landlord <input type="checkbox"/> Incorrect Information <input type="checkbox"/> Number of Occupants <input type="checkbox"/> Public Eviction Record <input type="checkbox"/> Public Criminal Record <input type="checkbox"/> Information received from third party other than credit reporting agency <input type="checkbox"/> Insufficient information contained on credit report <input type="checkbox"/> Unable to verify/document income <input type="checkbox"/> Other _____ <input type="checkbox"/>

Monies Delivered with this Application						
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Deposit \$ _____</td> <td style="width: 40%;">Ck# _____</td> </tr> <tr> <td>Non-refundable _____</td> <td>Ck# _____</td> </tr> <tr> <td>Other \$ _____</td> <td>Ck# _____</td> </tr> </table>	Deposit \$ _____	Ck# _____	Non-refundable _____	Ck# _____	Other \$ _____	Ck# _____
Deposit \$ _____	Ck# _____					
Non-refundable _____	Ck# _____					
Other \$ _____	Ck# _____					
TOTAL RECEIVED _____						

Employment Verification

Employer's Address: _____

Return Address: DMG Rentals
5509 Belmont Ave. #102
Cincinnati, OH 45224

Phone #: () _____

Phone #: (513) 541-2413

Fax #: () _____

Fax #: (513) 541-2425

I, _____, hereby authorize the release of any income, asset or eligibility information.

Signature _____ Date _____ Social Security # _____
 Address _____

For Employer to complete:

Please complete the following information and return as soon as possible to 513-541-2425. This information will be used to determine the applicant's eligibility for housing

Please complete all information to the best of your ability.

SALARY:

Position: _____ Date of Hire: _____

GROSS Wages/Salary: \$ _____ per hour \$ _____ week \$ _____ bi-week \$ _____ month \$ _____ year

Date Present Rate of Pay Effective: _____ Gross Year-to-Date: _____

Ave. # of Hours/Week: _____ # of Weeks per Year: _____

Date Present # of Hours worked Effective: _____

If employment is for less than 52 weeks, is employee eligible for Unemployment? _____

OVERTIME:

OT Wage/Hour: _____ Average OT Hours/Week: _____

SALARY INCREASES:

Date of Next Increase: _____ Amount of Increase: _____ per _____

ADDITIONAL COMPENSATION: (Amount and Frequency)

Bonus: \$ _____ Tips: \$ _____ Commissions: \$ _____

Other Incentives (please describe): _____

Signature of Source _____ Title _____ Date _____ Phone # _____

DMG Rentals, LLC
APPLICATION FOR TENANCY RENTAL HISTORY

Date: _____

To: _____
(Property Name or Owner)

(Phone/Fax for Property or Owner)

Residents Info: _____
(Applicant Name)

(Applicant Address during tenancy)

Resident's signature for release of information: _____

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a resident at your property.

As indicated by the signature above, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

1. How long has/did the above resident(s) reside at this address? _____
2. How many bedrooms? _____
3. What is/was the monthly rental rate? _____
4. Has the resident ever been behind in monthly rent? _____
If yes, how many times? _____ Was legal action taken? _____
5. Does/did the resident get along with neighbors in the community? _____
6. Is/was the resident destructive to the apartment or property? _____
7. Does/did the resident maintain desirable living conditions? _____
8. The residents overall conduct while residing on the property would be best described as: _____ excellent _____ good _____ fair _____ poor
9. If this resident moved and re-applied for housing from you in the future, would you rent to him/her again? _____

Additional Comments: _____

Signature of person completing form

Title