

ISLANDER RENTAL APPLICATION

APPLICANT'S NAME _____ DOB _____ SS# _____
Phone _____ E-mail Address _____
Address _____ City/St. _____ Zip _____
How Long _____ Monthly Rent/Mortgage Payment _____
Landlord _____ Address _____ City/St. _____ Phone _____
Previous Address _____ City/St. _____ Zip _____ How Long _____
Previous Landlord _____ Address _____ City/St. _____ Phone _____
Occupation _____ Employer _____ Contact _____ Phone _____
Business Address _____ Phone _____ How Long _____
Gross Monthly Salary _____ Other Income/Explain _____
Previous Employer _____ Address _____ City/St. _____ How Long _____
Nearest Living Relative _____ Address _____ City/St. _____ Phone _____
Reference (Friend) _____ Address _____ City/St. _____ Phone _____
Checking or Savings Acct. With _____ Branch _____
Automobile Make & Model _____ Year _____ License Plate No. _____ State _____

CO-APPLICANT'S NAME _____ DOB _____ SS# _____
Phone _____ E-mail Address _____
Address _____ City/St. _____ Zip _____
How Long _____ Monthly Rent/Mortgage Payment _____
Landlord _____ Address _____ City/St. _____ Phone _____
Previous Address _____ City/St. _____ Zip _____ How Long _____
Previous Landlord _____ Address _____ City/St. _____ Phone _____
Occupation _____ Employer _____ Contact _____ Phone _____
Business Address _____ Phone _____ How Long _____
Gross Monthly Salary _____ Other Income/Explain _____
Previous Employer _____ Address _____ City/St. _____ How Long _____
Nearest Living Relative _____ Address _____ City/St. _____ Phone _____
Reference (Friend) _____ Address _____ City/St. _____ Phone _____
Checking or Savings Acct. With _____ Branch _____
Automobile Make & Model _____ Year _____ License Plate No. _____ State _____
No. Of Other Occupants _____ DOB _____

Any Pets? _____ Type _____ No. _____

NO PETS ARE PERMITTED ON THE PREMISES WITHOUT LANDLORD'S CONSENT

Please list all monthly obligations (car payment, alimony, etc.) in ADDITIONAL INFORMATION section on page 2.

Has any applicant ever been sued, garnished, filed bankruptcy, evicted or ever broken a lease by moving before it has expired?
_____ If yes, give details in ADDITIONAL INFORMATION section on page 2.

Has any applicant or any person who will reside in the Premises ever been convicted of or plead guilty to a felony? _____ Has
any applicant or any person who will reside in the Premises ever been convicted of or plead guilty to a crime involving the use, sale or
manufacturing of illegal drugs? _____

If your answer to either of the above questions is "yes," please provide date and place of conviction/guilty plea, nature of offense, sentence,
and dates of incarceration, if any, in ADDITIONAL INFORMATION section on page 2.

Has any applicant or any person who will reside in the Premises ever been convicted of or plead guilty to a "sexually-oriented offense" or
been required to register with a designated law enforcement official pursuant to Ohio Revised Code § 2950.01 et. seq., or been deter-
mined to be a "sexual predator" or a "sexually-oriented offender" within the meaning of Ohio Revised Code § 2950.01 et. seq.? _____

Applicant(s) Initials _____

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Type of Premises Applied For _____ No. of Persons to Occupy Suite _____ No. of Autos _____
Suite No. _____ Address _____ Garage No. (if any) _____ Rent _____
The Parties to this application agree that the term of tenancy is to be for a period of _____ months, commencing
_____, 20_____ and ending, _____, 20_____.

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned warrants and represents that all statements in this application are true and agrees if accepted, to execute upon presentation a lease in the usual form and on the terms and conditions therein stated, which lease may be terminated by the Landlord if any statement made herein is not true or is misleading. It is agreed that if accepted, this application will become part of the lease agreement. It is also agreed that the application fee is non-refundable and that the initial deposit is to be applied to the security deposit should applicant enter into a lease agreement. If the applicant refuses to enter into a lease and pay the balance of the security deposit due within **five (5)** business days after being notified that this application is approved, the initial deposit shall be retained as liquidated damages. The initial deposit is to be refunded if said application is not accepted by the Landlord. This application and deposit are not assignable. False or misleading information or failure to disclose any information asked for in this application will be grounds for rejection of said application without further inquiry. Acceptance or rejection of this application shall remain in the sole discretion of Landlord.

The undersigned understands that no person shall be permitted to occupy the Premises if before or during the term of the Lease that person (1) has been convicted of, is convicted of, has pleaded guilty to, or pleads guilty to a "sexually-oriented offense" or had or has a duty to register with a designated law enforcement official pursuant to Ohio Revised Code § 2950.01 et. seq., or (2) is or becomes a "sexual predator" or a "sexually-oriented offender" within the meaning of Ohio Revised Code § 2950.01 et. seq.

APPLICANT AND CO-APPLICANT EACH MUST SIGN APPLICATION, AND HEREBY CONSENT TO CREDIT, EMPLOYMENT, CRIMINAL AND RESIDENCY BACKGROUND INQUIRIES.

Additional Information _____

Transfer Clause requested: YES _____ NO _____ (Applicant(s) please initial)
How did you learn about our apartment? Newspaper _____ Friend _____ Resident _____ Other _____
If more information is needed to process this application, applicant may be phoned at _____

Applicant(s) hereby certify that the information in this application is true, complete and accurate, and agree that, in the event that this information is not true, complete or accurate, Landlord may deny this application and have no further obligation to rent to applicant(s).

Applicant _____ Co-Applicant or Spouse _____

FOR OFFICE USE ONLY:

Application Fee \$ _____ Initial Deposit \$ _____ Interviewed By: _____ Date _____
Move In Date _____

REMARKS _____

Date Notified _____ Date Approved _____ ID Checked _____

Please print, complete and fax this application to Islander Apartments at (440) 243-8896