

**APPLICATION FOR OCCUPANCY - DMG Rentals**

Property \_\_\_\_\_

Move-In Date \_\_\_\_\_

Rental Amount \$ \_\_\_\_\_

Apartment # \_\_\_\_\_

**1. PERSONAL ( Please print )**

Applicant	Daytime Phone	Date of Birth	<b>Marital Status:</b> <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

<b>6. TRANSPORTATION</b>		
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.)		
<b>7. OTHER OCCUPANTS</b>		
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
Name		
Sex	Date of Birth	Relationship
<b>Total # of persons occupying this apartment:</b>		
Referred to DMG Rentals by:		
IN CASE OF EMERGENCY NOTIFY (other than another occupant)		
Address		Phone#
Relationship to you		
Email:		

Animal(s)/Pet(s) Info:

Do you have any animal(s)/pet(s)?	Yes	No
What type of animals/pet do you have?	Cat	Dog
What is the breed type?		
What is your animal(s)/pet(s) weight?		
How old is your animal(s)/pet(s)?		
Meet Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>VERIFICATIONS (For office use only)</b>
<b><u>CREDIT REPORT</u></b>
_____ # Positive
_____ # Negative
_____ # Public Records
_____ Criminal Record
Other info:
<b><u>RENTAL REFERENCE</u></b>
_____ See Attached Fax
_____ Spoke to:
Results:
Other Info:
<b><u>EMPLOYMENT VERIFICATION</u></b>
_____ 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 or felony 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
Deposit \$ _____ Ck# _____ Non-refundable _____ Ck# _____ Other \$ _____ Ck# _____
<b>TOTAL RECEIVED</b> _____

**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