

\$45 APPLICATION FEE

CREDIT APPLICATION

(Please Print Legibly)

MAIL TO:
6077 Far Hills Ave. #116
Dayton, OH 45459
Fax # 937-433-3561

Address of Property _____

UNDERSIGNED APPLICANTS AUTHORIZE ANY PERSON OR FIRM TO RELEASE INFORMATION CONCERNING THEIR CREDIT & PAYMENT HISTORY UPON PRESENTATION OF THIS FORM OR A PHOTO COPY OF THIS FORM AT ANY TIME.

Instructions: A response is required to each blank. Use N/A if not applicable. If married less than two years or not to each other, each must make a separate application. **Please print except for signature.** Use full names and initials. If living with relatives use last previous addresses as present address.

Marital Status: Single _____ Married since (date) _____
Divorced since (date) _____ Former Spouse _____

Check applicable boxes. If Yes, provide names and detailed information in the additional space provided.

Has any applicant ever been sued for bills? Yes No

Has any applicant ever been sued for eviction? Yes No

Has any applicant ever filed bankruptcy? Yes No

Has any applicant ever been guilty of a felony? Yes No

Are you obligated to pay child support or alimony? If Yes, how much \$ _____

Name in which utilities are now billed and account number _____

Applicant: _____ Birthdate _____

SS# _____ Home Phone # _____

Cell # _____ Work # _____ Income: Last yr: 20__ \$ _____

Bank/Credit Union: _____ acct # _____ Phone # _____

Spouse: _____ Birthdate _____

SS# _____ Home Phone # _____

Cell # _____ Work # _____ Income: Last yr: 20__ \$ _____

Bank/Credit Union: _____ acct # _____

Current Home Address:

_____ City/State _____ Zip _____

Current Monthly Rent or Mortgage Payment \$ _____ From _____ To _____

Is rent up to date? Yes No

Have you given notice? Yes No

Have you been asked/told to leave? Yes No

May we contact current Landlord? Yes No

Current Landlord's Name _____ Phone # _____

Previous Address: _____ City/State _____ Zip _____

Previous Landlord's Name _____ Phone # _____

Rent/Monthly \$ _____ From _____ To _____

Number of occupants to occupy home: _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Does any who will reside in the rental unit have any handicap that will require modification of the unit? Yes No
Does anyone who will reside in the rental unit smoke? Yes _____ No _____

Property Taxes & Insurance included in your house payment? Market Value of Home Mortgage Balance Monthly Payment Park Rent

List all Banks, Credit Unions, Finance Companies, Savings & Loans, and others to whom you owe money; include installment loans, credit Cards, personal credit lines, retail charge cards, child support, etc. (use another sheet of paper if necessary)

<u>Present Creditors</u>	<u>Credit Limit</u>	<u>Balance</u>	<u>Mo.Pymt.</u>	<u>Present Creditors</u>	<u>Credit Limit Bal</u>	<u>Mo.Pymt.</u>

List Creditors Paid off within last two years

Year and Make of Auto(s)

Have you any outstanding judgments? In the last seven years
 Have you filed for protection under bankruptcy laws?
 Yes No
 Have you had property foreclosed upon or given title
 or deed in lieu thereof?
 Yes No
 Are you a co-maker, endorser or guarantor on
 any loan or contract?
 Yes No

Are you obligated to pay alimony, child support or separate
 maintenance? Yes No If yes, Amount \$ _____
 Are you a party in a lawsuit?
 Yes No
 Is any part of the down payment borrowed?
 Yes No

List all pets which you desire to have live at the premises:

<u>Pet's Name</u>	<u>Type/Breed/Size</u>	<u>Sex/Neutered/Spayed</u>	<u>Indoor/Outdoor</u>

Applicants Employer: Company name _____

Address _____ City/State _____ Zip _____

Supervisor _____ Phone _____

Job Description _____ Work Hours _____ How long w/this company _____

List any additional monthly income (Child Support, SSI, etc.) _____

Spouses Employer: Company name _____

Address _____ City/State _____ Zip _____

Supervisor _____ Phone _____

Job Description _____ Work Hours _____ How long w/this company _____

List any additional monthly income (Child Support, SSI, etc.) _____

Emergency contact: Name _____ Relation _____ Phone _____

Address _____ City/State _____ Zip _____

It is understood that the **\$45.00** fee for processing, investigation and credit report is **NOT** refundable. If the applicant (s) do not enter into a rental agreement for the rental unit described on this sheet or another rental unit owned or managed by the landlord/agent, the deposit shall be retained as liquidated damages. The undersigned waive (s) any claim for damages for non-acceptance of this application, which may be rejected without any stated reason. **MAKE CHECK PAYABLE TO Art Paradise.**

I hereby authorize Art Paradise/Art Paradise, Inc. or agents or representatives to obtain information concerning my past, current and future credit, rental, criminal and employment history. I hereby authorize any of the following sources, including but not limited to (1) credit reporting agencies (2) public or privately owned utility companies (3) government housing (4) current and past landlords, employers or creditors to release any said information to the above named party. I hereby authorize release of any of the above sources, their officers, agents or employees from any liability for damages of any kind whatsoever, either caused by negligence or not, which may at any time result in a decision not to rent this property now or in the future by reason of compliance with the above mentioned inquiry, which may included the answering of specific questions and the giving of information concerning my (applicant and co-applicants) present or past record.

Additionally I give the above party and their agent/owner/lender permission to copy and submit this form as needed for the purpose of processing my rental application, lease, lease option or rent to own and to continue to get information for credit collections when occupying property in the future.

Add additional information you think will help us to process your application (attach additional

information if necessary): _____

Signature _____ **Date** _____

Signature _____ **Date** _____