

RESIDENTIAL RENTAL APPLICATION (PRIMARY APPLICANT)

Each Applicant Over The Age Of 18 Must Complete A Separate Application. There should only be ONE Primary Applicant, every other adult submitting an application will be applying as a Co-Applicant.

PLEASE CHECK ALL AREAS THAT YOU ARE INTERESTED IN:

- Martins Ferry Bridgeport Shadyside St. Clairsville
 Bellaire McMechen Wheeling

HOW MANY BEDROOMS ARE YOU INTERESTED IN (PLEASE CHECK ALL THAT APPLY):

- 1 2 3 4 5

WHAT TYPE OF UNIT ARE YOU INTERESTED IN?

- Apartment Duplex House Storage Garage

APPLICANT INFORMATION

- NAME (FIRST, MIDDLE, LAST): _____
- ARE YOU APPLYING AS: Primary Applicant Co-Applicant
- ARE YOU APPLYING FOR A PARTICULAR PROPERTY?
 Yes No
- IF YES, PLEASE LIST THE ADDRESS: _____
- HOW MANY OCCUPANTS (NOT INCLUDING YOURSELF) WILL BE RESIDING AT THE RENTAL UNIT? *
 0 1 2 3 4 5
- HOW MANY OF THESE OCCUPANTS (NOT INCLUDING YOURSELF) ARE OVER THE AGE OF 18? *
 0 1 2 3 4
- DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
- DRIVER'S LICENSE # / STATE *: _____

• EMAIL ADDRESS: _____

• HOME PHONE #: _____ CELL PHONE #: _____

CURRENT RESIDENCE INFORMATION

• CURRENT ADDRESS: _____

• DO YOU RECEIVE RENTAL ASSISTANCE? Yes No

• DO YOU RENT OR OWN AT THIS ADDRESS? Rent Own Live With Family

• RENT/MORTGAGE AMOUNT PER MONTH? \$ _____

• HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?
 1 to 6 months 6 months to 1 year over 1 year

• PRESENT LANDLORD NAME: _____

• PRESENT LANDLORD PHONE NUMBER: _____

• REASON FOR MOVING? _____

PREVIOUS RESIDENCE INFORMATION

(to be filled out only if you have been at your current residence less than 1 year)

• PREVIOUS ADDRESS: _____

• DID YOU RECEIVE RENTAL ASSISTANCE? Yes No

• DID YOU RENT OR OWN AT THIS ADDRESS? Rent Own Lived With Family

• RENT/MORTGAGE AMOUNT PER MONTH? \$ _____

• HOW LONG DID YOU RESIDE AT THIS ADDRESS?
 1 to 6 months 6 months to 1 year over 1 year

• PREVIOUS LANDLORD NAME: _____

- PREVIOUS LANDLORD PHONE NUMBER: _____
- REASON FOR MOVING? _____

OCCUPANT INFORMATION

(ALL OCCUPANTS SHOULD BE LISTED ON THE PRIMARY APPLICATION ONLY – THIS SHOULD ONLY BE THE INFORMATION FOR THE PEOPLE WHO WILL BE RESIDING WITH YOU, NOT YOUR INFO)

- OCCUPANT #1 (NAME, RELATIONSHIP TO APPLICANT, AGE):

- OCCUPANT #2 (NAME, RELATIONSHIP TO APPLICANT, AGE):

- OCCUPANT #3 (NAME, RELATIONSHIP TO APPLICANT, AGE):

- OCCUPANT #4 (NAME, RELATIONSHIP TO APPLICANT, AGE):

- OCCUPANT #5 (NAME, RELATIONSHIP TO APPLICANT, AGE):

PET INFORMATION

(ALL PETS SHOULD BE LISTED ON THE PRIMARY APPLICATION ONLY)

- DO YOU HAVE ANY PETS? Yes No
- IF YES, HOW MANY? 1 2 3 4 or more
- PET #1 (BREED, AGE, AND WEIGHT):

- PET #2 (BREED, AGE, AND WEIGHT):

- PET #3 (BREED, AGE, AND WEIGHT):

AUTOMOBILE INFORMATION

- DO YOU HAVE AN AUTOMOBILE(S)? Yes No
- IF YES, HOW MANY? 1 2 3 4 or more
- VEHICLE #1 (YEAR, MAKE/MODEL, COLOR, LICENSE PLATE #):

- VEHICLE #2 (YEAR, MAKE/MODEL, COLOR, LICENSE PLATE #):

- VEHICLE #3 (YEAR, MAKE/MODEL, COLOR, LICENSE PLATE #):

EMPLOYMENT INFORMATION

- DO YOU CURRENTLY HAVE MORE THAN (1) JOB? Yes No
- CURRENT EMPLOYER NAME: -----
- ADDRESS: -----
- OCCUPATION? -----
- SUPERVISOR'S NAME: ----- SUPERVISOR'S PHONE # -----
- HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?
 - less than 6 months 6 months to 1 year over 1 year
- HOW ARE YOU PAID? Hourly Salary
- RATE PER HOUR OR SALARY AMOUNT? \$-----
- ESTIMATED MONTHLY INCOME FROM ALL OF YOUR CURRENT JOBS? -----

ADDITIONAL CURRENT EMPLOYER

(Please fill out the below fields if you have more than 1 current job)

- CURRENT EMPLOYER NAME: -----

- ADDRESS: _____
 - OCCUPATION? _____
 - SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE # _____
 - HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?
 - less than 6 months 6 months to 1 year over 1 year
 - HOW ARE YOU PAID? Hourly Salary
- RATE PER HOUR OR SALARY AMOUNT? \$ _____

PREVIOUS EMPLOYER

(to be filled out only if you have been with your current employer less than 1 year)

- PREVIOUS EMPLOYER NAME: _____
 - ADDRESS: _____
 - OCCUPATION? _____
 - SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE # _____
 - HOW LONG WERE YOU WITH THIS EMPLOYER?
 - less than 6 months 6 months to 1 year over 1 year
 - HOW WERE YOU PAID? Hourly Salary
- RATE PER HOUR OR SALARY AMOUNT? \$ _____

EMERGENCY CONTACT & REFERENCE INFORMATION

- EMERGENCY CONTACT #1 (NAME, ADDRESS, PHONE #, AND RELATIONSHIP TO YOU)

- EMERGENCY CONTACT #2 (NAME, ADDRESS, PHONE #, AND RELATIONSHIP TO YOU)

BACKGROUND INFORMATION

- HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A SEXUAL OFFENSE OR ARE YOU LISTED ON ANY REGISTRY OF SEXUAL OFFENDERS? * Yes No

If yes, please explain: _____

- HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF ANY DRUG RELATED CRIMINAL OFFENSE OR ANY OTHER FELONY CRIME? * Yes No

If yes, please explain: _____

- ARE YOU CURRENTLY BEHIND ON RENT OR BEING EVICTED? HAVE YOU EVER BROKEN A LEASE, BEEN EVICTED OR SUED FOR NONPAYMENT OF RENT OR DAMAGES? * Yes No

If yes, please explain: _____

- ARE YOU ABLE TO HAVE UTILITIES IN YOUR NAME? * Yes No

If no, please explain: _____

I understand that this application does not constitute a commitment to lease or rent and that a written lease will be prepared if my application is approved. I authorize the landlord to perform credit and background checks and to contact anyone listed on this application. All information provided is true and complete to the best of my knowledge. Any person or firm is authorized to release information about the applicant upon presentation of this document. I also understand that falsification of this information is grounds for a TEN-DAY NOTICE TO MOVE if later discovered by Ohio River Properties, LLC. I AGREE I DO NOT AGREE

Signature _____ Date _____

Signature / Date (By typing my name and date in the box below, I acknowledge that all information provided is true and complete to the best of my knowledge as of the date of this application. I also understand that my handwritten signature will be required once my application has been processed)

Signature _____ Date _____