Rental Application

•	Unit Information / /\$ /\$						
	Property Address Unit # Monthly Rental Monthly Premium						
	/mths /\$ Proposed Move-In Date Lease Term* Security Deposit						
	Proposed Move-In Date Lease Term* Security Deposit						
	*The equivalent of one (1) months rent premium for any short term lease. Three (3) month minimum lease.						
Personal Information (Any adult, 18 or older, who is to reside at the property must fill out an application, be approved, and sign lease.)							
	Full Name Social Security Number Date of Birth						
	Current Address City State Zip Telephone #						
	Rent or Own How long at this address?mths/yrs. \$Monthly Payment						
	Name of Owner, Management Co., or Mortgage Lender for current address. Telephone #						
N	ame (s) of <u>ALL</u> and <u>ONLY</u> individuals to reside at Pinnacle Property:						
	Full Name Relationship Date of Birth						
	erson to Contact in Case of Emergency Relationship						
A	Telephone #:()						
	* (Only complete this portion if at Current address less than 2 years)						
	Address City State Zip						
	Rent or Own How long at this address?mths/yrs. \$Monthly Payment						
	/()						
	Name of Owner, Management Co., or Mortgage Lender for this address. Telephone #						
•	A. <u>Employment Information - (Primary Employer)</u>						
	/ ()// Employer Telephone # Hire Date						
_	Address Position Salary						
•	B. Employment Information - (Secondary Employer)						
	/\$/\$/Hr / Wk / Mth / Yr. / ()//Employer Telephone # Hire Date						
	Additional Income	_					
	Source of Income (Child Support, SSI, etc.) \$ Hr / Wk / Mth / Yr.						
•	Banking Information	_					
Bank Name:							

PINNACLE MANAGEMENT 6200 Pleasant Ave. Suite 1, Fairfield, OH 45014 Phone: (5)

Phone: (513) 829-Rent or Fax: (513) 939-1639

Vehicle Information (Oi {Semi, 1 ton trucks, etc.} are			ed per unit. Due to size of parking neck with Management.)	g spaces, some larger vehicles	
License Plate #	State	Year	Make/Model	Color	
License Plate #	/ / State	_// / /	Make/Model	///	
	EWRITTEN COI	NSENT OF THE	MANAĞEMENT, WILL BE SUBJE eed types do apply.	IND TO HAVE A PET ON OR ABOUT TH CT TO NOT LESS THAN A \$150.00 FIN	
Breed			//	Pet Name	
• <u>Disclosure</u>					
Have you ever filed for Bankru	ptcy or plan to d	o so in the next	/ear? No or If Yes,	when:	
Are you currently under Eviction	on or have you e	ver been evicted	from a place of residency? No _	or Yes	
Have you ever been convicted	of a felony? No	or If Y	es,list date of conviction	and felony charge:	
	_				
Date			Felony Charge		
Statement of Rental Po	licy				
COLOR, RELIGION, SE	X, NATIONAL	. ORIGIN, FAI		ABLE WITHOUT REGARD TO RA ((HANDICAP), MILITARY STATU R GENDER IDENTITY	•
business days, and possess not sign their lease, the \$10 applicant's application is de - Occupancy Guidelines. To profoccupants who may reside are vacant, Applicant(s) under this unit not become available Since we are constantly updated ay and vice versa Application Process. We ac An applicant must complete a an applicant meets all of the form A. Income. 28% of gross for all adults, 18 or older, or	sion of premise 10.00 is forfeith nied, the \$100 or event overcrown a unit. We alst and sand agrees predicted during our available cept and evaluation of the application on the application of the applica	es taken withing to Pinnacle 0.00 will be ref wding and und llow two occupates to hold Pinue to "hold over lity list, a unit the take every rentation by answering, he/she will be all or be higher on (s). Proof of	n 15 days of application apple Management as payment for unded back to them. The stress on plumbing and other ants per bedroom. Since we wanted ants per bedroom. Since we wanted ants was unavailable in the morn application in the following management approved. The stress of application in the following an approved.	\$80.00 non-refundable application for the second sec	t does rket. I umber e they uld ontrol. same
This policy must cover both per please verify insurance coverar I recognize that this a set forth above is true and give verify the above information, re	redit report musum of one year oved applicants resonal contents ge requirement pplication is for authorization is ferences, and	et be satisfactor of continuous is must submit v is and meet or e its with office. The a residence ar its: (1) obtain a in any additional	y. employment. vritten proof of Renters Insuran xceed our required liability cov ad is subject to acceptance or necredit report for use now or in the	ce applicable for the term of the leas erage. Since properties verify drastic ejection. I hereby state that the informe future for collection purposes and Should any statement made above nagement Company for holding the united the statement of the statement company for holding	mation (2) be a
An \$80.00 Non-Refundable Fe	oo le required to	nrocce carl	potione Boid / /	Cach / Clr#	
A \$100.00 Holding Deposit is a	<u>-</u>				
XApplicant Sig	ınature		/ Date		