

# PINNACLE MANAGEMENT

6200 Pleasant Ave., Suite 1 Fairfield, OH 45014 Phone: (513) 829-Rent, Fax (513) 939-1639  
4530 Foxton Court Dayton, OH 45414 Phone: (937) 278-2800, Fax (937) 610-2801

## Rental Application

### Unit Information

Property Address \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
Unit # Monthly Rental Monthly Premium

Proposed Move-In Date \_\_\_\_\_ / \_\_\_\_\_ mths / \$ \_\_\_\_\_  
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 #

Name (s) of ALL and ONLY individuals to reside at Pinnacle Property:

Full Name	Relationship	Date of Birth
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_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ 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. Employment Information - (Primary Employer)

Employer \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Telephone # Hire Date

Address \_\_\_\_\_ Position \_\_\_\_\_ / \$ \_\_\_\_\_ Salary \_\_\_\_\_  
Hr / Wk / Mth / Yr.

### B. Employment Information - (Secondary Employer)

Employer \_\_\_\_\_ / \$ \_\_\_\_\_ Hr / Wk / Mth / Yr. / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Telephone # Hire Date

### Additional Income

Source of Income (Child Support, SSI, etc.) \_\_\_\_\_ \$ \_\_\_\_\_ Hr / Wk / Mth / Yr.

### Banking Information

Bank Name: \_\_\_\_\_ Acct. # \_\_\_\_\_

