

# LIP CAPITAL PARTNERS 1 LLC LEASE APPLICATION

Date: \_\_\_\_\_

Address of property for which you are applying:  
\_\_\_\_\_

## **Tenant Applicant**

<b>First Name</b>	
<b>Last Name</b>	
<b>SSN# or DL# (state)</b>	
<b>Date of Birth</b>	
<b>Home Street Address</b>	
<b>Home City, State, Zip</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Full-time Miami Student? (Y/N)</b>	
<b>School Year for which you are applying</b>	
<b>School Level (So, Jr , Sr, Grad)</b>	
<b>Will rent be paid with Financial Aid?</b>	
<b>Intended Roommate Applicant Names</b>	1.
	2.
	3.
	4.
	5.

**Tenant Applicant's Parent / Guardian Guarantor**

Full Name	
SSN# or DL# (state)	
Street Address	
City, State, Zip	
Cell Phone	
Email Address	

I hereby authorize agents or employees of Lip Capital Partners 1 LLC to run credit checks on the applicants. I understand that this would be done for the purpose of qualifying to rent property owned by Lip Capital Partners 1 LLC. I understand this Lease Application will not be considered by Lip Capital Partners 1 LLC until receipt of a \$25.00, non-refundable application fee.

Tenant Applicant Name	
Signature	
Date	

Parent/Guardian Name	
Signature	
Date	

Please complete this document.

Scan and email to: [lipcpllc@gmail.com](mailto:lipcpllc@gmail.com)

OR

Mail to: **P.O. Box 1298, Powell, OH 43065**

Please include an application fee of \$25

**Payment Methods**

- Check: payable to Lip Capital Partners 1 LLC
- Zelle: [lipcpllc@gmail.com](mailto:lipcpllc@gmail.com)
- Venmo: @LIPCPLLC