

ASW PROPERTIES, LTD.
453 S. HIGH STREET SUITE 301
AKRON, OH 44311
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RENTAL APPLICATION

A \$25 NON-REFUNDABLE FEE IS REQUIRED. APPLICATION WILL NOT BE PROCESSED WITHOUT THE FEE.

PLEASE PRINT ALL INFORMATION BELOW. APPLICANTS OVER THE AGE OF 18 MUST COMPLETE AND SIGN THEIR OWN APPLICATION.

Desired property address: _____ **Lease start date** _____

Applicant's full name: _____ Social Security: _____

Birth date: _____ Drivers license #: _____ State: _____ Exp. date: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Years at this address: _____ Reason for leaving: _____

Phone #: _____ Cell phone #: _____ Email: _____

Vehicle year: _____ Make: _____ Model: _____ State/license plate: _____

Current landlord's name: _____ Landlord's phone: _____

Present employer: _____ Position: _____ Monthly income: _____

Work phone: _____ How long at present job: _____ Other income/source: _____

Employer's address: _____ City: _____ State: _____ Zip: _____

Parent's name(s): _____ Phone: _____

Parent's address: _____ City: _____ State: _____ Zip: _____

Names, relationship and age of all persons living with you must be listed:

Have you ever broken a lease or been evicted from any type of housing? YES NO

If YES, please explain: _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature: _____ Date: _____

For Office Use Only

Property shown: _____ Apt. # _____

Monthly rent: \$ _____ + _____

Date shown: _____

Shown by: _____

Security deposit: \$ _____ Received on: _____

Rent starts: _____ Will occupy: _____

Lease starts: _____ Lease terminates: _____

Received from applicant the non-refundable sum of \$ _____ dollars to pay for tenant screening service.