

# Rental Application

**SJK Property Management, LLC**  
**P.O. Box 31478**  
**Dayton, Ohio 45437-0478**

**Instructions:** A separate application must be filled out by each applicant over the age of 18 (even if married). Completely fill out each blank and sign where indicated.

## PERSONAL

APPLICANT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LIC# \_\_\_\_\_ STATE ISSUED BY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## OCCUPANTS

Number to occupy \_\_\_\_\_ Is this a Joint Application?  Yes  No If yes, with who? \_\_\_\_\_

NAME OF ADDITIONAL OCCUPANTS	RELATIONSHIP	BIRTH DATE

**PETS:**  Yes  No If yes, give details (number, type & size) \_\_\_\_\_

## ADDRESSES

Present Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Since \_\_\_\_\_ Rent/ Month \_\_\_\_\_ Present Phone (\_\_\_\_) \_\_\_\_\_

Present Landlord \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is present rent up to date?  Yes  No Have you given notice?  Yes  No Have you been asked to leave?  Yes  No

Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Since \_\_\_\_\_ Rent/ Month \_\_\_\_\_ Present Phone (\_\_\_\_) \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Was rent up to date?  Yes  No Had you given notice?  Yes  No Had you been asked to leave?  Yes  No

If asked, can you provide a cosigner on the lease?  Yes  No Name: \_\_\_\_\_

## EMPLOYMENT

Present Employer: \_\_\_\_\_ Since \_\_\_\_\_ Present Employer Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Since \_\_\_\_\_ Previous Employer Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## INCOME

Current Income \$ \_\_\_\_\_ Weekly/Biweekly/Monthly/Yearly Source \_\_\_\_\_

Current Income \$ \_\_\_\_\_ Weekly/Biweekly/Monthly/Yearly Source \_\_\_\_\_

Current Income \$ \_\_\_\_\_ Weekly/Biweekly/Monthly/Yearly Source \_\_\_\_\_

REFERENCE

Name \_\_\_\_\_ Relation \_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

CREDIT ACCOUNTS

Current (open) include Credit Card(s)

CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do You Have a Checking Acct.?  Yes  No

Do You Have a Savings Acct.?  Yes  No

Name in which utilities are now billed and account number: Electric \_\_\_\_\_ # \_\_\_\_\_

Natural Gas \_\_\_\_\_ # \_\_\_\_\_

Explain any "YES" answers with names and details.

- Has any signer ever been sued for bills?  Yes  No
- Has any signer ever been sued for eviction?  Yes  No
- Has any signer ever been bankrupt?  Yes  No
- Has any signer ever been guilty of a felony?  Yes  No
- Has any signer ever broken a lease?  Yes  No
- Is the total move-in amount available now (rent and deposit)?  Yes  No

Applicant authorizes SJK Property Management, LLC and/or it's agent(s) to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. SJK Property Management, LLC reserves the right to disqualify applicant if information is incomplete or misrepresented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X \_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**  
**THIS SECTION TO BE COMPLETED BY INTERVIEWER**

Credit Report: (Favorable/Unfavorable) By: \_\_\_\_\_

Other Comments: \_\_\_\_\_

---

Deposit: \_\_\_\_\_ Option \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Unit Applied For: \_\_\_\_\_

Terms of Lease \_\_\_\_\_ Months \_\_\_\_\_

Move-in Date \_\_\_\_\_ Lease Expires \_\_\_\_\_ Num. Keys \_\_\_\_\_

Total Number of Occupants \_\_\_\_\_

Separate Pet Deposit \_\_\_\_\_

Utilities to be paid by tenants Gas  Electric  Water

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.