

APPLICATION for occupancy of Dayton, OH 45410 on 2009
from Full Circle Development LLC Manager/Agent, Phone Theresa Gasper, 937/477-9766 or 426-6983

I authorize anyone to verify the facts, obtain & exchange reports regarding this application or resulting account with credit reporting agencies and others.
On request I will be told each agency's name and address. Verification can take 3 full working days after this date.

INSTRUCTIONS: Response required for each blank. **Each applicant must make a separate application.** Please print except for signature.

MARITAL STATUS: Single Married since (date) Divorced since (date) Former spouse

List all former Full names and Initials used and dates used

Check applicable boxes. Explain any "YES" answers on back with names and details.

Has signer been sued for bills? Yes No Has signer been sued for eviction? Yes No Has signer had unpaid bills placed for collection? Yes No

Has signer been bankrupt? Yes No Has signer been arrested for a criminal offense? Yes No Has signer failed to paid rent in full? Yes No

Name in which utilities are now billed and account number #

APPLICANTS FULL NAME & INITIALS

IDENTIFICATION INCOME Weekly

Birth date SS# Last year 20 \$ Bi-Weekly \$

DRIVERS LICENSE

State issued by # Bank/ Credit Union

Present Address City/ State/Zip Since Rent/ Month \$ Phone#

Present Landlord Address City/ State/Zip A/C Phone#

Is rent paid up to date? Yes No Have you given notice? Yes No Have you been asked/told to leave? Yes No

Previous Address City/ State/Zip From To Rent/ Month \$

Previous Landlord Address City/ State/Zip Phone#

OCCUPANTS: Number to occupy Names & Birthdates

Does any one who will reside in rental unit have any handicap that will require modification of the unit? Yes No

PETS: Yes No If yes, give details on back (number, type & size) **NO PETS ALLOWED; NO EXCEPTIONS.**

AUTOS- Make/ State Lien
Model/Color -# 1 License Plate # Holder - 1 #

Make/ State Lien
Model/Color -# 2 License Plate # Holder - 2 #

EMPLOYER Since What do you do?

Street/City/State Supervisor Wk A/C
Hrs Phone #

Relative Relation Address Phone #

Non-Relative Relation Address Phone #

Person to Notify in Emergency Relation Address Phone #

CREDIT ACCOUNTS Current (open) including Credit Card(s)

CREDITOR'S NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	\$ <u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

It is understood that the \$35-70.00* fee for investigation is not refundable. If this application is approved the \$ deposit shall be held by the landlord to secure performance of the conditions of the rental agreement. If the applicant does not enter into a rental agreement for the rental unit described on this sheet or another rental unit owned or managed by landlord/agent, the deposit shall be retained as liquidated damages. If this application is not accepted, deposit shall be returned to the undersigned who waive(s) any claim for damages for non-acceptance of this application, which may be rejected without any stated reason. *\$35-single applicant; \$55-married couple with same last names; \$70-non married applicants.

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.

Receipt of the sums above are hereby acknowledged

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