

## RENTAL APPLICATION

Georgetown Apartments  
59 Fitzhenry Blvd.  
Columbus, Ohio 43214  
614-888-1118 Fax 614-888-3019

Date of Application \_\_\_\_\_  
Given By \_\_\_\_\_

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Assigned Address \_\_\_\_\_ Move in Date \_\_\_\_\_  
Lease Term: One Year / Other \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_  Other Fee(s) \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ # of Persons \_\_\_\_\_ Furnished: No  
  
Paid by Resident:  Gas  Electric  Water  Monthly Pet Fee (\_\_\_\_\_)  
Check One:  Applicant  Co-Applicant  Spouse  Lease Guarantor

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Name \_\_\_\_\_ Driver Lic. # \_\_\_\_\_  
Drivers Lic. Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**Present Address** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

Rent ( ) Own ( ) From \_\_\_\_\_ To \_\_\_\_\_ Rent \$ \_\_\_\_\_ **Marital Status**  
Present Owner \_\_\_\_\_ Married \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Single \_\_\_\_\_  
Widow \_\_\_\_\_

Owners Address \_\_\_\_\_ Separated \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Divorced \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ No. of Children \_\_\_\_\_

**Previous Address** \_\_\_\_\_ **Names/Ages of Children**  
City, State, Zip \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_

Rent ( ) Own ( ) From \_\_\_\_\_ To \_\_\_\_\_ Rent \$ \_\_\_\_\_ 3. \_\_\_\_\_  
Previous Owner \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Pets \_\_\_\_\_

Owners Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**If Current Student:**

College \_\_\_\_\_ Student Year (Circle One) 1 2 3 4 Graduate School  
College Funding \$ \_\_\_\_\_ Source \_\_\_\_\_

**Present Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Full-time ( ) Part-time ( )  
Monthly Income (gross) \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Full-time ( ) Part-time ( )  
Monthly Income (gross) \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

**Vehicles**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_ MO/Pmts \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_ MO/Pmts \$ \_\_\_\_\_

**Credit Cards**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

