



RENTAL APPLICATION

Village West Apartments
884 Thurber Manor
Columbus, Ohio 43215
614-469-9267 Fax 614-469-3040

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 _____

