

Synergy Property Solutions, Inc
825 Park Avenue West
Mansfield, OH 44906
(419) 775-5944; Fax: (419) 747-4557

RENTAL APPLICATION

Property Location:

Date:

Unit Type:

Apartment #:

Unit:

TO BE COMPLETED BY APPLICANT

Applicant

Applicant's Name:

Phone #:

Social Security #:

Date of Birth:

(For Section 8 Housing)
Number of Children:

Boys Ages:

Girls Ages:

Pets: How Many?

What Kind?

Present Address

Rent Amount:

Length of Occupancy:

Present Owner:

Owner's Phone #:

Owner's Address:

Previous Address:

Rent Amount:

Length of Occupancy

Previous Owner:

Owner's Phone #:

Present Employer:

Supervisor:

Employer's Address:

Phone #:

Ext.:

Position:

Dept.:

Length of Employment:

Present Monthly Income (Gross):

F-Time/P-Time:

Previous Employer:

Supervisor:

Position:

Dept.:

Length of Employment:

Previous Monthly Income (Gross):

F-Time/P-Time:

Co-Applicant

Co-Applicant's Name: _____ Phone #: _____

Co-Applicant's Social Security #: _____ Date of Birth: _____

Co-Applicant's Present Address: _____ Length of Occupancy: _____

(For Section 8 Housing)
Number of Children: _____ Boys Ages: _____ Girls Ages: _____

Pets: How Many? _____ What Kind? _____

Present Employer: _____ Supervisor: _____

Employer's Address: _____ Phone #: _____ Ext.: _____

Position: _____ Dept.: _____ Length of Employment: _____

Present Monthly Income (Gross): _____ F-Time/P-Time: _____

Previous Employer: _____ Supervisor: _____

Position: _____ Dept.: _____ Length of Employment: _____

Previous Monthly Income (Gross): _____ F-Time/P-Time: _____

Bank Reference: Name: _____ Checking/Savings _____

Personal Reference: Name: _____ Phone #: _____

Address: _____

Emergency: (Please list relative or a friend, not spouse or children) _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Applicant _____ Date _____

Co-Applicant _____ Date _____

I/we hereby authorize **Synergy Property Solutions Inc.** and/or any Credit Information Services to obtain information concerning my/our past credit, and/or tenant-landlord history now or anytime in the future.

I/we hereby authorize **Synergy Property Solutions, Inc.** to release past, current, or future information to any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and /or other credit reporting agencies.

I/we hereby authorize any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to **Synergy Property Solutions, Inc.** or any Credit Information Service concerning my/our past credit and/or tenant-landlord history. I/we hereby release any of the above sources, their officers, agents, or employees from any liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiries which may include the answering of specific questions and the giving of any information concerning my/our past, current or future records. A copy of this authorization may be accepted as an original. In addition, when sending the application via e-mail, I approve the use of an electronic signature at a valid signature.

I/WE HAVE READ THE ABOVE AND I/WE ARE IN COMPLETE AGREEMENT WITH IT.

Applicant 1 Signature

Date

Applicant 2 Signature

Date