



167 S. State Street #250 Westerville, OH 43081 PO Box 1611 Westerville, OH 43086 Steve Cochern, Broker/Owner (614) 209-3319 steve.cochern@lotusadvisors.com

Gross monthly income: \$

PROPOSED RENTAL APPLICATION	<u> 1</u>	HOME IS NON- SMOKING				
Proposed address:	Move-in date:	, 20Lease term:				
Security Deposit \$Sec Dep ready	now? Yes / No Rent \$	Pet rent \$ Pet Fee \$				
PLEASE PRINT FULL LEGAL NAMES of all	proposed occupants:					
(A) Applicant:	SSN:	Date of birth:				
Home/Cell phone:	Email:					
Driver's license#	State Issued:					
Current Address:		Zip:				
Own or Rent?From:T	o:Monthly rent/pmt					
Landlord's name:	Landlord's Pho	one #				
** If less than 2 years at current address, please ad	ld prior address information					
Any background or credit concerns:						
(B) Co-Applicant:	SSN:	Date of birth:				
Home/Cell phone:						
Driver's license#						
Current Address:		Zip:				
Own or Rent?From:T						
Landlord's name:	· -					
** If less than 2 years at current address, please ad	ld prior address information					
Any background or credit concerns:	_					
Names of children and/or other occupants:						
Do you have any pets: How many:						
Name(s)Color/Ma						
(A) CURRENT EMPLOYER:	(B) CO- APPLICAN					
(1)	(2) 00 111 22012					
Company Name	Company Name					
Address	Address					
() Phone No. Supervisor/Personnel Do	() ept. Phone No.	Supervisor/Personnel Dept				
Phone No. Supervisor/Personnel Do	ept. Phone No.	Supervisor/rersonner Dept				
Employment Dates:	Employment Dates:	То /				
From / / To / _ / / _ / / _						
Full time or Part time?		??				

Gross monthly income:

Have you ever been: (1) If Yes, please explain: _							_(4) arrested?
Automobile: Year:	Make:	Model:		_License plate #:		Color	:
Automobile: Year:	Make:	Model:		_License plate #:		Color	: <u> </u>
ALL HOMES ARE NO	ON-SMOKIN	G - NO SMOKING	INSIDE 1	HOME			
EXPENSES:							
List ALL monthly paym	nents (cars, lea	ses, credit cards, cred	dit unions,	bankruptcy payme	ents, child s	support,	alimony, etc.)
\$for	, \$	for	, \$	for	, \$		for
PERSONAL REFERE completed.	ENCES (Parei	nts, relatives, friends	s, work or	business associa	tes, others,	etc.). T	his section must be
Name		Relationship		() Cell		() Work
rume		relationship		Con			Work
Address		City		Zip			
2)Name		Relationship		() Cell		() Work
Address		City		State	Zip		
Name		Relationship		() Cell		() Work
1 (41110		тышы					., 0111
Address		City		State	Zip		
Applicant IN CASE OF EMERG	SENCY CONT	ΓΑCT: Relation	·	plicant			
Cell/home ()_		Work (_)	Email	l:		
SIGNATURE AND RI							
The undersigned repr	resents the all	dit and/or backgro any oral or written	ound check commitm	k and speaking vent on the part of	with emplo of Owner/l	oyers & Manage	
(A) Applicant Signatur	re	Date	- (B) Co	-applicant Signa	ture		Date
LOTUS ADVISORS							
							<u>chern@lotusadvisors.co</u>
\$received by Notes:	Kecei	pt #	васкд	round check date	e		