

Application Fee

\$25

Per adult over 18
Cash or Money Order

Rental Application

Eden Regento LLC

750 E. Long Street, Suite 3000, Columbus, Ohio 43203

Phone 614-902-3975 Fax 888-847-9266

Return completed
application and fee to
750 E. Long Street,
Suite 3000
Mon-Fri 9:30a-4:30p

Property Address:							
Showing Date & Time:		Date			Time		
Shown By:							
Applicant Information							
Full Name – include all names you use(d):							
Address: City, State, Zip Code:							
Mobile/Home Phone:				Work Phone:			
Email Address:							
Social Security No.:				Date of Birth:			
Driver’s License/State ID Number:				State of Issue:			
Other Identifying Information:							
Vehicle Information – Plate Number:				Vehicle Information – Plate Number:			
Make	Model	Color	Year	Make	Model	Color	Year
Additional Occupants List everyone, including children, who will live with you:							
Full Name				Relationship to Applicant			
Rental History							
FIRST-TIME RENTERS: ATTACH A DESCRIPTION OF YOUR HOUSING SITUATION FOR THE PAST THREE YEARS							
Current Address:					Subsidized?		
					Yes	No	
Name of Community, if applicable:							
Dates Lived at Address:				Rent \$		Deposit \$	
Landlord/Manager:				Landlord/Manager’s Phone:			
Reason for Leaving:							

Previous Address:		Subsidized?	
		Yes	No
Name of Community, if applicable:			
Dates Lived at Address:		Rent \$	Deposit \$
Landlord/Manager:		Landlord/Manager's Phone:	
Reason for Leaving:			
Previous Address:		Subsidized?	
		Yes	No
Name of Community, if applicable:			
Dates Lived at Address:		Rent \$	Deposit \$
Landlord/Manager:		Landlord/Manager's Phone:	
Reason for Leaving:			
Employment History ATTACH PAY STUBS FOR THE PAST TWO PAY PERIODS SELF-EMPLOYED APPLICANTS: ATTACH TAX RETURNS FOR THE PAST TWO YEARS			
Current Employer:			
Employer Address:			
Name of Supervisor:		Supervisor's Phone:	
Dates of Employment:		Position or Title:	
Previous Employer:			
Previous Employer Address:			
Name of Supervisor:		Supervisor's Phone:	
Dates of Employment:		Position or Title:	
Income			
Gross monthly employment income:		\$	
Other monthly income (specify sources):		\$	
		\$	
		\$	
Total:		\$	
Bank/Financial Accounts			
Type	Account Number	Bank/Institution	Branch
Checking			
Savings			
Other			
Other			

Miscellaneous

Describe the number and type of pets you want to have in the rental property

Describe water-filled furniture you want to have in the property

Do you smoke?	Yes	No	
Have you ever: Filed for bankruptcy?	Yes	No	# Times
Been sued?	Yes	No	# Times
Sued someone else?	Yes	No	# Times
Been evicted?	Yes	No	# Times
Been convicted of a crime?	Yes	No	# Times

Explain any “yes” listed above:

Reference and Emergency Contact

Personal Reference:	Relationship:
Address:	Phone:

Personal Reference:	Relationship:
Address:	Phone:

Contact in Emergency:	Relationship:
Address:	Phone:

Source

Where did you learn of this vacancy?

Certification of Information

I certify that all of the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus and/or profile reporting agencies, current and previous landlords and employers, and personal references. This permission will survive the expiration of my tenancy.

I agree to pay a nonrefundable charge of \$25.00 to process the application. All applications are subject to approval and acceptance of the Lessor or authorized agent. Each occupant and cosigner 18 years and older must fill out a separate application.

Once an application is approved, the Security Deposit must be paid within 48 hours and all documents signed in order to hold the availability of the dwelling unit. In addition, utilities must be transferred into the Lessee’s name before the move-in date.

If an application to rent is withdrawn by the applicant or co-applicant after it has been approved, a prorated portion of the security deposit may be retained by Lessor as a per diem charge for the number of days the dwelling was taken off the market.

Applicant Signature	Date

FAX – TENANT VERIFICATION FORM

TO:	FROM: Eden Regento LLC 750 E. Long Street, Suite 3000 Columbus, OH 43203
FAX:	FAX: 888-847-9266
PHONE:	PHONE: 614-902-3975
RE: Tenant Verification for :	DATE:

TENANT VERIFICATION FORM

ATTENTION APPLICANT – ONLY COMPLETE AREAS HIGHLIGHTED IN YELLOW AND RETURN THE UNCOMPLETED FORM

I give permission to Eden Regento LLC and their agents' to gather information and verify the validity of all statements included in the rental application, including the verification of my tenant/landlord history prior to, during, and after my proposed tenancy. Unsatisfied delinquencies may be reported to credit reporting agencies.

Applicant Name (Printed)	Applicant Signature	Date
Co-Applicant Name (Printed)	Co-Applicant Signature	Date
BELOW TO BE COMPLETED BY LESSOR/PROPERTY MANAGEMENT COMPANY:		
Length of tenancy?	Move-In Date	Move-Out Date
1) Amount of rent paid by tenant?		
2) Is the rent current and does tenant pay on time? If no, please provide details:		Yes No
3) Have you ever begun an eviction action on this tenant? If yes, please explain:		Yes No
4) Has tenant, other residents, or visitors ever damaged the unit? If yes, please explain:		Yes No
5) If unit was damaged, did you need to use the security deposit to cover damage? If yes, please explain:		Yes No
6) Does tenant or other residents interfere with the rights/environments of neighbors? If yes, please explain:		Yes No
7) Does tenant keep the unit clean? If no, please explain:		Yes No
8) Does tenant keep a pet on the premises? If yes, describe any issues:		Yes No
9) Did tenant make any unreasonable demands or complaints? If yes, please explain:		Yes No
10) Would you rent to this tenant again? If no, please explain:		Yes No
11) Why did or is the tenant leaving?		
12) Other comments:		
Lessor/Agent Name (Printed)	Lessor/Agent Signature	Date

FAX – EMPLOYMENT VERIFICATION FORM

TO:	FROM: Eden Regento LLC 750 E. Long Street, Suite 3000 Columbus, OH 43203	
FAX:	FAX: 888-847-9266	
PHONE:	PHONE: 614-902-3975	
RE: Employment Verification	DATE:	PAGES: 1

EMPLOYMENT VERIFICATION FORM

ATTENTION APPLICANT – ONLY COMPLETE AREAS HIGHLIGHTED IN YELLOW AND RETURN THE UNCOMPLETED FORM

I give permission to Eden Regento LLC and their agents' to gather information and verify the validity of all statements included in the rental application, including verification of my employment prior to, during, and after my proposed tenancy. Unsatisfied delinquencies may be reported to credit reporting agencies.

Applicant Signature	Date

PROSPECTIVE TENANT INFORMATION:

Last Name	First Name	Social Security Number
Address	City, State, Zip	Date of Birth

BELOW TO BE COMPLETED BY EMPLOYER:

Company Name:			
Address:			
Business Telephone:			

PLEASE COMPLETE ALL INFORMATION THAT IS APPLICABLE:

13) The individual named above is currently employed by the company?	Yes	No		
14) The individual named above is/was employed beginning: Month _____ Day _____ Year _____				
15) Ending employment date: Month _____ Day _____ Year _____				
16) Gross Salary \$	Hour	Week	Month	Year
17) Probability of continued employment	Excellent	Good	Fair	Poor
18) Other comments:				
Name of person completing form (Printed)	Signature	Date		