

THE SLOOPY GROUP

Rental Application

A \$ 35 non-refundable application fee is required for background checks.

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill Out each blank and sign where indicated.

PERSONAL

APPLICANT: _____ PHONE: _____

MARITAL STATUS: Single Married since (date) _____ Divorced since (date) _____

BIRTHDATE: _____ SSN# ____-____-____ DRIVERS LICENSE #: _____ STATE: ____

OSU EMAIL ADDRESS: _____ STUDENT? YES NO SCHOOL: _____

ADDRESSES

PRESENT ADDRESS: _____ SINCE: _____ RENT/MO: _____

CITY/STATE/ZIP: _____ LANDLORD: _____

LANDLORDS ADDRESS: _____ LANDLORDS PHONE: _____

IS PRESENT RENT UP TO DATE? YES NO HAVE YOU GIVEN NOTICE? YES NO HAVE YOU BEEN ASKED TO LEAVE? YES NO

FUTURE ROOMMATES

NUMBER TO OCCUPY: _____

NAME: _____ RELATIONSHIP: _____ BIRTHDATE: _____

NAME: _____ RELATIONSHIP: _____ BIRTHDATE: _____

NAME: _____ RELATIONSHIP: _____ BIRTHDATE: _____

NAME: _____ RELATIONSHIP: _____ BIRTHDATE: _____

PETS: YES NO IF YES, GIVE DETAILS: (BREED, SIZE, ETC)

CARS

MAKE/MODEL/COLOR #1: _____ LICENSE #: _____ STATE: ____

MAKE/MODEL/COLOR #1: _____ LICENSE #: _____ STATE: ____

EMPLOYMENT

EMPLOYER: _____ SINCE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

WHAT DO YOU DO? _____ HOURS PER WEEK: _____

SUPERVISOR: _____ PHONE: _____ MONTHLY INCOME: _____

Apartment applying for: _____

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REFERENCES

RELATIVE: _____ RELATIONSHIP: _____ PHONE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
NON-RELATIVE: _____ RELATIONSHIP: _____ PHONE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
EMERGENCY CONTACT: _____ PHONE NUMBERS: _____

EXPLAIN ANY "YES" ANSWERS ON SEPARATE SHEET WITH NAMES AND DETAILS. (except the last question)

Has any signer ever been sued for bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any signer ever been sued for eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any signer ever been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any signer ever been guilty of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any signer ever broken a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total Deposit Amount available now?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant authorizes The Sloopy Group to contact past and present landlords, employers, creditors, credit bureaus, neighbors or any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of the applicant's knowledge. The Sloopy Group reserves the right to disqualify a tenant if this information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____
APPLICANT

DATE

Applications may be mailed to:
The Sloopy Group
P.O. Box 82249
Columbus, OH 43202-0249

Applications may also be dropped off at:
134 W. 9th Avenue
345 E. 20th Avenue
Dropboxes are located with the mailboxes

Any questions; please call Craig at:
Cell: (614) 284-2038
Text: (614) 284-2038

email us at:
Craig@TheSloopyGroup.com

**IF YOU HAVE A QUESTION ABOUT THE INTERPRETATION OR LEGALITY OF THIS FORM, PLEASE
PLEASE CONSULT AN ATTORNEY OR OTHER QUALIFIED PERSON.**

Apartment applying for: _____