



SYCAMORE SQUARE
a p a r t m e n t s

Sycamore Square Apartments
41-1 Patterson Village Drive
Dayton, OH 45419
937.294.7780

Leasing Agent _____

Size _____ () LV () Upper () Lower

Application Fee \$ _____

Apt # _____

Security Deposit \$ _____

Monthly Rent _____

Move-In Date _____

Specials _____

Washer/Dryer Y or N

Cat Y or N

Equity Lease Y or N

RENTAL APPLICATION

DATE: _____ TIME: _____

A. Applicants Name _____ S.S. # _____ D.O.B _____
Marital Status: () Married () Single () Divorced () Separated Age: _____ () Male () Female

B. Spouse Name _____ S.S. # _____ D.O.B _____

C. Present Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (_____) _____ Work Phone: (_____) _____

Other Occupants of the Apartment:

Name	Birthdate	Relationship	Name	Birthdate	Relationship

PLEASE GIVE YOUR EMPLOYMENT HISTORY

A. Company Name: _____ Address: _____ City: _____ Zip Code: _____
Company Phone: _____ Position Title: _____
Employed From: _____ to _____ Annual Salary: _____
Supervisor Name: _____

B. Company Name: _____ Address: _____ City: _____ Zip Code: _____
Company Phone: _____ Position Title: _____
Employed From: _____ to _____ Annual Salary: _____
Supervisor Name: _____

CO-APPLICANT'S EMPLOYMENT

A. Company Name: _____ Address: _____ City: _____ Zip Code: _____
Company Phone: _____ Position Title: _____
Employed From: _____ to _____ Annual Salary: _____
Supervisor Name: _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR PAST 3 YEARS

A. Street Address: _____ City: _____ State: _____ Zip Code: _____
Apartment Name or Landlord Name: _____
Their Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Lived there from: _____ to _____ Rent Amount: _____
Reason for Moving: _____

B. Street Address: _____ City: _____ State: _____ Zip Code: _____
Apartment Name or Landlord Name: _____
Their Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Lived there from: _____ to _____ Rent Amount: _____
Reason for Moving: _____

C. Street Address: _____ City: _____ State: _____ Zip Code: _____
Apartment Name or Landlord Name: _____
Their Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Lived there from: _____ to _____ Rent Amount: _____
Reason for Moving: _____

GENERAL INFORMATION

Your Drivers License # _____ State: _____
Spouses Drivers License # _____ State: _____

PLEASE LIST ALL AUTOMOBILES

1. Year: _____ Make: _____ Model: _____ Color: _____ Plate # _____
2. Year: _____ Make: _____ Model: _____ Color: _____ Plate # _____

Has applicant, spouse or any other proposed occupant ever:
Filed for bankruptcy? () No () Yes Been Evicted? () No () Yes
Willfully or intentionally refused to pay rent when due? () No () Yes
Had a criminal record? () No () Yes If yes, explain: _____
Been arrested for drug usage or trafficking in drugs? () No () Yes
If yes, explain: _____

Do you own any pets? () No () Yes If yes what kind? _____

In Case of Emergency, Please notify:
Name: _____ Relationship: _____ Phone: (____) _____
Doctor: _____ Hospital: _____ Phone: (____) _____

I/We do hereby consent to and authorize any representative of National Tenant Network and Oberer Management Services to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: city, county, state, federal law enforcement agencies, credit reporting agencies, present and/or past employers, present and/or past residences. I understand that any information obtained may be considered by National Tenant Network and Oberer Management Services in their sole discretion, as a factor in decisions they make, with respect to the apartment/house for which I am applying.

Furthermore, I hereby release and hold harmless agents, owners, and affiliates of, but not limited to: their officers, director, employees, agents, law enforcement agencies, credit reporting agencies, past and/or present employers, present and/or past residences, its officers and employees that shall provide information to National Tenant Network and Oberer Management Services, upon request, from and against any and all crimes, demands, suits, or expenses arising from or related to the content, validity or handling of said reports.

I/We hereby certify that the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application for an apartment and does not constitute a lease agreement in whole or part.

I/We hereby acknowledge a Non-refundable Application Fee is used in the processing of this application. I/We hereby acknowledge a Refundable Hold Fee and/or Deposit shall be used to hold the apartment shall be processed at the time the application is accepted. If said application is denied your Hold Fee and/or Deposit is refundable through the standard refund processing. If said application is approved the Hold Fee will be applied to the Move In Charges and the deposit is processed. The Hold Fee and/or Deposit and will be forfeited if the apartment is held off the market three business days after approved application is cancelled.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

APPLICANT PLEASE DO NOT WRITE BELOW

Deposit of \$ _____ Received by: _____ Date: _____
Application form received by: _____ Date: _____

This application has been: () Approved () Denied

Reason denied:

Comments:

Applicant Notified by: _____ Date: _____



Professionally Managed By:
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www.oberermanagementservices.com

