

Laser Properties
PO Box 1398
Toledo, OH 43603
Phone: 406.585.0000 /Fax: 419.710.1891

Rental Application

All rental business conducted is in conformance with the Ohio Annotated Code and does not practice or allow discrimination because of race/color, sex, religion/creed, age, handicap/disability, national origin, marital or family status. Please note that any home zoned as single family can NOT be rented to more than three (3) unrelated persons.

Date of this Application _____
Address of desired residence _____
Did you view the interior? _____ Yes _____ No
Desired date of occupancy _____
Desired Length of Lease _____ One Year _____ Two Years _____ Two plus years
Have you rented a home previously? _____ Yes _____ No
I have included a \$25 application fee with this completed application payable to Laser Properties _____ Yes

Personal Information

Applicant's Full Name _____
Are you known by other names? Please specify _____
Social Security # _____ Driver's License Number _____ State _____
Date of Birth _____
Cell Phone or Home Phone _____ Email Address: _____
Names of persons other than applicant that will be residing at the unit:

Have you declared bankruptcy in the past seven (7) years? Yes No
Have you ever been evicted from a rental residence? Yes No
Have you had two or more late rental payments in the past year? Yes No
Have you ever willfully or intentionally refused to pay rent when due? Yes No
Have you been convicted of a felony or crime of dishonesty? Yes No
Have you ever been required to register as a Sex or Violent Offender in any jurisdiction? Yes No

Residential History – we require two rental references & two full years of rental history. If you owned your home, please specify.

Current Street Address _____ Apt# _____ City _____ State _____ Zip _____
Month/Year Moved In _____ Reasons for Leaving _____
Rent \$ Per Month _____ # Bedrooms _____ # Baths _____
Present Landlord _____ Present Landlord Phone _____
Previous Address (last 5 years) _____
Rent \$ per month _____
Landlord at previous address _____ Landlord Phone _____

Personal References:

Name	Known How Long	Phone Number
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

Income Sources – please list all verifiable income sources to be considered in evaluation of your application:

Employer Name	\$ per month/week	Supervisor Name and Phone
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

Present Employer _____
 Dates employed _____ Employed as _____
 How Long at Current Job? _____
 Supervisor Name _____ Supervisor Phone _____
 Gross Income (before taxes per year): _____ Take Home Pay\$ _____ per _____
 Source of Income Wages ___ Salary ___ Commission ___ Other _____

Previous Employer: _____
 Supervisor at Previous Employer: _____ Supervisor Phone: _____

Automobiles to be parked on property:

	Make/Model	Year	State License Number
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

Pets

	Name	Type/Breed	Size (lbs)	Sex	Spayed/Neutered	Kenneled when alone
1.)	_____	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____	_____

Pet: Name _____ Type/Breed _____ Size (lbs) _____ Sex _____ Indoor/Outdoor _____
 Spayed or Neutered? _____ Yes _____ No

Except as expressly provide below, Pit Bulls, Bull Terriers or American Staffordshire Terriers, Rottweilers, German Shepherds, Boxers, Dobermans, Chows, Presa Canarios, Akitas, Wolf Hybrids and Huskies are PROHIBITED except (1) where prohibited by law or regulation, (2) dogs trained to assist the disabled (3) active duty canine police officers residing with an active duty law enforcement officer. Absolutely no reptiles of any kind are permitted.

Co-Signer: (a parent or other legal guardian is required when income evaluation does not meet our guidelines as provided in application process/procedures. This does not need to be signed by your guarantor- please just list their information.)

Name _____
 Address _____ City, State, Zip _____
 Phone: _____

- 1.) The statements above are true and correct.
- 2.) I hereby verify that I am 18 years or older and I understand that I will be fully responsible for the terms of the rental contract
- 3.) I hereby authorize the landlord, his/her agents or staff to contact any persons, corporations, employers, agencies, groups or organizations to obtain any information, credit report or material which is deemed necessary to verify the information and statements in this application. I also agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager. The above information, to the best of my knowledge, is true and correct.
- 4.) In the event that this application is approved and I desire to rent the premises, I agree to fill out and sign the rental agreement and conditions of rental contract and premises.
- 5.) I understand that the landlord and or the landlord's agent's acceptance of this application for review and consideration is not a commitment to rent to me.
- 6.) I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

Signature of Applicant _____ Date _____

Note- ID is required with this application. This speeds the process and guards against possible problems later. \$20.00 application fee charged as part of this process. Thank you!

Authorization / Release Form

I hereby authorize Laser Properties and Homes4Life, LLC. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated as part of my application for rental of a residence.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I hereby release Laser Properties and Home4 Life, LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Applicant Full Name (please print): _____

Applicant Signature: _____

Current Address : _____ (street address, city, state)

Applicant Soc. Sec. Number: _____ - _____ - _____ Date of Birth: ____/____/____

Applicant 1 Drivers License Number/State: _____