



Mecca Management, Inc.
P.O. Box 1167
Bowling Green, Ohio 43402
(419) 353-5800

RENTAL APPLICATION

Notice: Co-Applicant must complete a separate Rental Application Form.

The undersigned hereby makes application to rent unit number _____ located at _____
_____ beginning on _____ 20____, at a monthly rate of \$ _____

FULL NAME: First: _____ MI: _____ Last: _____

Social Security #: _____ Date of Birth: _____

Phone # () _____ Email address _____

Names and Ages of Dependents _____

Pets (number and kind) _____

CURRENT ADDRESS _____

Month and Year moved in _____ Reason for Leaving _____

Owner or Agent _____ Phone # () _____

Previous Address (if within 3 years) _____

Month and Year moved in _____ Reason for Leaving _____

Owner or Agent _____ Phone # () _____

YOUR STATUS: ___ Employed Full Time ___ Part Time ___ Retired ___ Student ___ Unemployed
Employer _____ current _____ previous _____

Address _____

Dates Employed _____ Employed as _____

Supervisor _____ Supervisor's Phone # () _____

Salary _____ per _____ If employed for less than 6 months, give name and address of previous

Employer or School _____

If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc) who we could contact for confirmation. You do not have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____ Phone # () _____

FINANCIAL INFORMATION—NAME BANK(s) & type of account (checking and/or savings)

1. _____

2. _____

CREDIT REFERENCES City-State Phone # Type of Account

1. _____

2. _____

3. _____

Your Driver's License # _____ State _____

Your Vehicle Make/Model _____ Year _____ Plate # _____

Second Vehicle Make/Model _____ Year _____ Plate # _____

Have you ever: Filed for bankruptcy? Yes _____ No _____

Been evicted from tenancy? Yes _____ No _____

Willfully or intentionally refused to pay rent when due? Yes _____ No _____

Please give any additional information which might help management evaluate this application:

If management has any questions about this application, please give PHONE NUMBER where you can be reached: Day Phone # (____) _____ Evening Phone # (____) _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rent is to be payable the _____ 1st _____ day of the month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true. A \$25.00 nonrefundable application fee will be retained to offset the agent's cost and time in processing my application and credit report. I hereby place \$ _____ as security deposit to be refunded to me if this application is not accepted within _____ business banking days. Upon acceptance of this application, this deposit shall be retained as the security deposit. When so approved and accepted I agree to execute a lease for _____ months. I agree to execute the lease within _____ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of nonacceptance which the owner or his agent may reject without stating reason for doing so.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date Signed _____

APPLICANT: PLEASE DO NOT WRITE BELOW

DEPOSIT OF \$ _____ RECEIVED BY _____ DATE _____

THIS APPLICATION FORM RECEIVED BY _____ DATE _____

REFERENCE VERIFICATION NAME _____

REFERENCE COMMENTS _____

COMMENTS: _____

This application _____ Approved _____ Not Approved By _____

Applicant Notified By _____ Date Notified _____