Return to: 2148 Innovation Drive.

Marion, OH 43302

Phone: (740) 387-1931 Fax: (740) 387-2514

## BDS1, LLC Rental Application

Application Fee Required: \$0.00/ Individual \$0.00/ Married Couple

MUST BE FILLED OUT			Date Needed:	
Property Location:		-	Todays Date:	
Type:	Date Available:			/acant [ ] Occupied
	0 1111 10			
Lacas Tamas	Conditions of Occu	upancy	0	14
Lease Terms:	Monthly Rent Prorated Rent	<u> </u>	Security Dep	oosit
Date Rent Begins:	Prorated Rent	<u>*</u>	Pet Allowed:	
Furnished/ Unfurnished	Diebweeber		Pet Limit or:	<u>•</u>
Range Refrigerator			Petree	\$
Washer Dryer ALL APPLIANCES ARE UNWARRANTE				
ALL AFFLIANCES ARE UNWARRANTE	<u>-</u> D			
Applicant Information:				
Full Name- include all names you use(d	):			Birth Date
Home Phone: ( )	Work Phone	: ( )		
Social Security Number:	 Drivers Licer	nse Number/ S	State:	
Vehicle Make:	Model:	Color:		Year:
License Plate Number/ State:	<del>_</del>			<del> </del>
Rental History				
Current Address:		City/ State/ Z	<u>Zip</u>	
Dates Lived at Address:		Reason for L	eaving:	
Law diamet/ Maraanan	Rent \$	Discuss Nicosali		
Landlord/ Manager:		Phone Number	per: ( )	
		rax Number	. ( )	
Previous Address:		City/ State/ 7	7in	
		City/ State/ Z		
Dates Lived at Address:	Rent \$	Reason for L		
Landlord/ Manager:		Phone Numb	ner: ( )	
Landiora/ Manager:		Fax Number	. ( )	
		T dx T dilliber	. ( /	<del></del>
Employment History				
. ,				
Name of Current Employer		Phone Numb	per: ( )	
Address:		City/ State/ Z	Zip	
Name of Supervisor:		Phone Numb	per: ( )	
Dates Employed at this Job		Position/ Title	e	
Gross Monthly Income (before deductio	ns): \$			
Any Other Income (Child Support, Etc.)			Total \$	
Name of Previous Employer		Phone Numb	per: ( )	
Address:		City/ State/ Z	<u>zip</u>	
Address:  Name of Supervisor:  Dates Employed at this Joh		Phone Numi	ber: ( )	
Dates Employed at this Job		Position/ Title	e	
All Other Occupants /List average in all	uding shildren who live with	- vou)		
All Other Occupants (List everyone, incl				
Full Names and relationship:				
Co-Applicant Information:				
Full Name- include all names you use(d	١٠			Birth Date
Home Phone: ( )	/·Work Phone	:()		
Social Security Number:	Drivers Licer			
· · · · · · · · · · · · · · · · · · ·				

Current Address:	Landlord:		
Landlords Phone: ( )	Fax: ( )		
Name of Current Employer	Phone Number: ( ) City/ State/ Zip		
Address:Name of Supervisor:	Phone Number: ( )		
Dates Employed at this Job	Position/ Title		
Gross Monthly Income (before deductions): \$ Any Other Income (Child Support, Etc.)			
Name of Previous Employer	Phone Number: ( )		
Address:Name of Supervisor:	City/ State/ ZipPhone Number: ( )		
Dates Employed at this Job	Position/ Title		
Credit and Financial Information  Bank/ Financial Institution Check  Savings Account# Check			
Savings Account# Chec	cking Account #		
Credit Accounts & Loans			
Type of Account Major Credit Card:	Name of Amount Monthly Creditor Owed Paymen\$\$		
Major Credit Card:	\$\$ <u>\$</u>		
Major Credit Card:	\$\$ <u>\$</u>		
Major Credit Card:	\$\$		
Mortgage: Student Loan:	\$ \$ \$ \$		
Car:	\$\$		
Other:	\$\$		
Nearest Relative:	<b>-</b>		
Name:	Relationship:		
Address:	Phone (H) (W)		
Personal References:	Deletionalis		
Name: Address:	Relationship: _ Phone (H) (W)		
Name:	Relationship:		
Address:	Phone (H)(W)		
I hereby grant permission to verify the validity of the infor of the above statements are true and correct. This may a			
I understand that this application does not constitute any the owner/ agent.	oral and/or written commitments on the part of		
A payment of \$ is included herewith, where the information included in this application. I understand to be returned to me.	hich payment is made for the purpose of verifying this charge is not under any circumstances,		
Applicant Signature	Date		
Applicant Signature	Date		

PLEASE INCLUDE COPIES OF 2 RECENT PAY STUBS & COPY OF DRIVERS LICENSE OR PHOTO ID