

HILLANDALE HOME BUILDERS  
 Rustic Arms Apts.  
 P.O. Box 217  
 St. Clairsville, OH 43950  
 Telephone (740) 695-4238

# rental application

*Thank you for your interest in our apartments. Please complete all requested information on the front and back of this form.*

Type and Size of Apartment Wanted \_\_\_\_\_

Desired Date of Occupancy \_\_\_\_\_

## PERSONAL INFORMATION

APPLICANT'S FULL NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

OTHER RESIDENTS	Relationship	Age

Do You Own Furniture? \_\_\_\_\_ Pets? \_\_\_\_\_

Other Remarks \_\_\_\_\_

## RESIDENCE HISTORY

PRESENT ADDRESS \_\_\_\_\_

Present Telephone \_\_\_\_\_ Length of Time at Present Address \_\_\_\_\_

Present Landlord or Mortgage Holder \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Length of Time at Previous Address \_\_\_\_\_

Previous Landlord or Mortgage Holder \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

## EMPLOYMENT INFORMATION

EMPLOYED BY \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Social Security No. \_\_\_\_\_ Supervisor \_\_\_\_\_

CO-RESIDENT'S EMPLOYER \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Social Security No. \_\_\_\_\_ Supervisor \_\_\_\_\_

## BANKING AND CREDIT REFERENCES

BANK \_\_\_\_\_ Branch \_\_\_\_\_  
 Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 OTHER REFERENCE \_\_\_\_\_  
 Address \_\_\_\_\_

## OTHER INFORMATION

Number of Automobiles (Including Company Cars) \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_  
 Household Income \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Other Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 In Case of Personal Emergency, Notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

*I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 CO-SIGNED \_\_\_\_\_  
 DATE SIGNED \_\_\_\_\_

FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received \_\_\_\_\_ Received By \_\_\_\_\_

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Co-Resident Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF ADVANCE DEPOSITS RECEIVED		
Date	Description	Amount

THIS APPLICATION:  Approved  Not Approved

Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Assigned to Apt. No. \_\_\_\_\_  
 Apartment Address \_\_\_\_\_  
 \_\_\_\_\_  
 Move-In Date \_\_\_\_\_