

RENTAL APPLICATION



Home Information Network, Inc.



Mail, Fax or email:

(Please Print)

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Phone: 513-793-3999

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Email: Application@HinHomes.com

Website: www.HinHomes.com

Property Address: _____

Desired Move in date: _____

Applicant Information:

Today's Date: _____

Full name of applicant: _____ Email: _____

Present address: _____

Telephone number (home/mobile): _____ (work): _____

D.O.B.: _____ Soc. Sec.#: _____ Driver License #: _____

Previous Address: _____

Applicant's Employer:

Name of present employer : _____

Address: _____ Position: _____

Start date: _____ Monthly income: _____

Supervisor name: _____ Phone: _____

How Long with this employer: _____

Other sources of income: _____

Spouse/Other Occupant Information:

Full name: _____ Email: _____ D.O.B. _____

Telephone number (home/mobile): _____ soc. sec. #: _____ Driver's License#: _____

Spouse's/Other Occupant Employment:

Name of present employer : _____

Address: _____ Position: _____

Start date: _____ Monthly income: _____

Supervisor name: _____ Phone: _____

How Long with this employer: _____

Other sources of income: _____

Present Landlord or Mortgage Co.

Present Landlord or Mortgage Company name: _____

Landlord telephone number (home): _____ (work): _____

Monthly rent or mortgage payment: _____ How long at this address: _____

Reason for moving: _____

Previous Landlord or Mortgage Co.

Previous Landlord or mortgage Company name: _____

Landlord telephone number (home): _____ (work): _____
Monthly rent or mortgage payment: _____ How long at this address: _____
Reason for moving: _____

Other Occupants Please List all occupants: (add additional page if needed)

Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____

Emergency

In case of illness, accident or emergency, please contact:

Name _____ Name: _____
Relationship _____ Relationship _____
Address _____ Address _____
Phone: _____ Phone _____

Has applicant, spouse or any other proposed resident:

Smoke? _____ Have any liquid filled furniture? _____ Filed for Bankruptcy? _____
Been evicted from tenancy? _____ Convicted of a felony? _____
Have any pets? _____ If yes, how many & what type? _____

Vehicles: List vehicles to be parked at premises:

1. _____	_____	_____
Year, Make & Model	Color	Lic. Plate# & State
2. _____	_____	_____
Year, Make & Model	Color	Lic. Plate# & State

Credit Information

Bank name: _____ Checking account no.: _____

Please list any other information you feel may be helpful in obtaining rental of unit: _____

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the Owner, Landlord or Management Company to verify all of information in this application and may obtain credit report(s), background check, criminal record and/or eviction records on the above listed applicant and/or applicant's. If applicant or applicant's spouse has given any false information, Landlord is entitled to reject application, retain all application fees as liquidated damages for Landlord's time and expenses in processing this application. **If applicant is approved for tenancy and fails to execute owner's Lease Agreement, applicant agrees that any deposit submitted will be forfeited and retained by owner. If applicant is not approved for tenancy, any deposit submitted shall be promptly returned to applicant.**

*Signature of Applicant: _____ Date: _____

*Signature of Spouse/Other Occupant: _____ Date: _____

Attachments: 1) Drivers License. 2) Current pay stub or other documentation of employment

**If this application is filled out electronically: electronic signatures are legally recognized as a viable method to indicate agreement to this contract or application and has the same legal status as handwritten signatures in the United States, as stated by the E-SIGN Act.*