

RESIDENTIAL RENTAL APPLICATION

Landlord: Living Solutions, LLC	
Address of Rental Property:	
Desired Date of Occupancy:	Length of Occupancy:

APPLICANT INFORMATION

Date:			
Name:		Date of Birth:	
Social Security No: - -		Driver's License No.:	
Present Address:			
City:		State:	Zip:
How Long at Present Address:		Phone:	
Rent: Yes No	Landlord's Name:		
	Phone:		
	Rent Payment:		
	Reason for moving:		
Previous Address:			
City:		State:	Zip:
How Long at Prior Address		Phone:	
Rent: Yes No	Landlord's Name:		
	Phone:		
	Rent Payment:		
	Reason for Moving:		
How Many Will Live With You: Adults: Children: Pets:			
Employer Name:		Phone:	
Address:			
City:		State:	Zip
How Long?:		Occupation/Position:	
	Salary:		
Supervisor:		Phone:	
Previous Employer (if current less 6 months)			

SPOUSE INFORMATION (if applicable):

Name of Spouse:		Date of Birth:	
Social Security No: - -		Driver's License No.	
Employer Name:		Phone:	
Address:			
City:		State:	Zip:
How Long?:		Occupation/Position:	
	Salary:		
Supervisor:		Phone:	

MISCELLANEOUS

Have You or Spouse Ever Been Evicted From Any Rental Property:	Yes	No
If Yes Explain:		
Have You or Spouse Ever Been Intentionally Refused Rental of Property:	Yes	No
If Yes Explain:		
Have You or Spouse Ever Been Convicted of a Felony:	Yes	No
If Yes Explain:		

PERSONAL REFERENCES

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

By signing below I agree that the information provided is accurate and true. In the event that I have misrepresented the information above I understand that my application for rental of the property indicated may be revoked by Living Solutions, LLC. Additionally, I agree that my rental contract of the actual property may also be cancelled at any time due to misrepresentation and I nor my spouse will hold Living Solutions, LLC liable for any inconvenience, distress or financial burden I may incur in order to vacate the rental property.

Applicant Signature

Date

Cell Phone Number

E-mail Address

Spouse Signature

Date

Cell Phone Number

E-mail Address

SEND COMPLETED APPLICATION TO:

By Mail
LIVING SOLUTIONS, LLC
P.O. Box 315
Loveland, OH 45140

By E-Mail
livingsolutions@livingsolutions.us

By Fax
513 285-7735