

RENTAL APPLICATION
 STILE COMPANIES
 839 E MARKET ST.
 AKRON, OH 44305

MAIN OFFICE: 330.762.8661 fax: 330.762.2619 *
 THE HIGHLANDS OF HERITAGE WOODS: 330.670.9281 fax: 330.668.6296

DATE: _____ RENT \$ _____ SECURITY\$ _____ 1BDRM _____ 2BDRM _____ TENANT RESP FOR GAS ELECT TRASH WATER SEWER MOVE IN DATE _____	OFFICE USE ONLY APT. NO _____ AMT REC _____ DATE REC _____
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NAME _____
 LAST FIRST M.I. PHONE
 CURRENT ADDRESS: _____ MARRIED? _____
 NO. STREET CITY STATE ZIP SPOUSE'S NAME _____

CURRENT OWNER/MANAGER _____
 NAME ADDRESS PHONE YEARS AT ADDRESS
 PREVIOUS ADDRESS: _____
 NO. STREET CITY STATE ZIP

PREVIOUS OWENER/MANAGER _____
 NAME ADDRESS PHONE YEARS AT ADDRESS

EMPLOYMENT _____
 COMPANY ADDRESS CITY ST YEARS PHONE
 POSITION SUPERVISOR NAME SALARY

PREVIOUS EMPLOYMENT _____
 COMPANY ADDRESS CITY ST YEARS PHONE
 POSITION SUPERVISOR NAME SALARY

DATE OF BIRTH _____ DRIVERS LICENSE # _____ STATE _____ SOCIAL# _____

IN CASE OF EMERGENCY NOTIFY:
 NAME _____ ADDRESS _____ PHONE _____

HAVE YOU EVER BROKEN A LEASE OR BEEN EVICTED FROM ANY TYPE OF HOUSING? YES NO _____
 IF YES PLEASE EXPLAIN: _____

ARE YOU AN ILLEGAL SUBSTANCE ABUSER? YES NO _____
 HAVE YOU EVER BEEN ARRESTED OR CONVICTED ON A DRUG RELATED CHARGE? YES NO _____

NAMES OF ALL OCCUPANTS: _____ RELATIONSHIP _____

HOW MANY VEHICLES WOULD YOU KEEP AT THIS ADDRESS? _____
 MAKE _____ COLOR _____ YEAR _____ PLATE NUMBER _____
 MAKE _____ COLOR _____ YEAR _____ PLATE NUMBER _____

CREDIT REFERENCES:
 BANK _____ ADDRESS _____ ACCOUNT # _____
 PHONE _____ OPEN ACCOUNTS _____ AMOUNT _____

CLOSEST RELATIVE OTHER THAN SPOUSE:
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

PERSONAL REFERENCES (DO NOT LIST LAND LORD OR RELATIVE)
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

Understand that Stile Companies will rely on our statements contained herein and accept personal responsibility for all losses incurred as a result thereof. The undersigned hereby authorizes Stile Companies to make or cause to be made either for the purpose of granting or maintaining an account and understand that they will make or cause to be made an investigative consumer report concerning the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living and her or they thereby authorizes applicant's employers or any previous employers to furnish credit information for the purpose of the report. I understand that a NON-REFUNDABLE application fee of twenty-five dollars (\$25.00) will be charged for the first application processed and ten dollars(\$20.00) any application thereafter. This application fee will be charged to cover the cost of processing the application and obtaining the credit report. I understand that if I for any reason do not consummate the rental agreement, an amount sufficient to cover the costs of clerical work, additional advertising, and rental loss from the date of application approval to date of rent to someone else shall be deducted from the deposit.

NOTE: YOU HAVE THE RIGHT TO KNOW THE NATURE AND SCOPE OF ANY INVESTIGATION MADE PURSUANT TO THE ABOVE AUTHORIZATION WITHIN A REASONABLE TIME AFTER YOU SO REQUEST OR AFTER ANY INVESTIGATIVE CONSUMER REPORT IS REQUESTED.

APPLICANTS SIGNATURE _____ DATE _____
 ONE APPLICATION PER PERSON