



Wallace F. Ackley Co.

2995 Northwest Blvd.
Columbus, Ohio 43221
(614)486-2493 Fax (614)486-2638
www.wfaco.com

OFFICE USE ONLY:	Owner Code: _____
<input type="checkbox"/> Resident <input type="checkbox"/> Guarantor/Relationship: _____	
Address: _____	
Appl. Date/Time: _____ Move in Date: _____	
Rent: _____ Deposit: _____	
Driver's License Copied/Attached: _____	

APPLICATION & CONSENT AGREEMENT

(Please make sure all items are complete and additional documents are with application.)

Applicant's Full Name		Date of Birth	Social Security #
Applicant's Phone #	Applicant's Cell Phone #	Applicant's Email Address	Marital Status
Spouse's Name		Date of Birth	Social Security #
Other Occupants Name		Date of Birth	Relationship
Other Occupants Name		Date of Birth	Relationship
Other OccupantsName		Date of Birth	Relationship

RESIDENTIAL HISTORY (Please use a separate sheet of paper if necessary)

Present Address/City, State, Zip		Monthly Payment
Apartment Name or Mortgage Holder	Address/City, State, Zip	
Phone#	How Long Resided	Reason for Moving
Previous Address/City, State, Zip		Monthly Payment
Apartment Community or Mortgage Holder	Address	
Phone#	How Long Resided	Reason for Moving

Have you or your co-applicant ever been threatened with an eviction from any leased premises? If yes, please explain.

EMPLOYMENT HISTORY

Present Employer	Position	Supervisor
Business Address	Phone #	How Long
		Approximate Gross Yearly Income \$
Previous Employer	Position	Supervisor
Business Address	Phone #	How Long
		Approximate Gross Yearly Income \$
Spouse's Employer	Position	Supervisor
Business Address	Phone #	How Long
		Approximate Gross Yearly Income \$
Spouse's Previous Employer	Position	Supervisor
Business Address	Phone #	How Long
		Approximate Gross Yearly Income \$

MISCELLANEOUS INFORMATION

Other Income?

Have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain

VEHICLE INFORMATION

Total Number of Vehicles to be Parked at Residence:

1) Year	Color	Make/Model	License Tag #
2) Year	Color	Make/Model	License Tag #

PERSONAL REFERENCES

1) Name	Address	Phone #
2) Name	Address	Phone #
In case of emergency, contact	Relationship	Phone #

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Newspaper Dispatch	<input type="checkbox"/> Sign - Drive By	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Newspaper Other	<input type="checkbox"/> Referral	<input type="checkbox"/> Apartment Guides
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Transfer	<input type="checkbox"/> Internet
<input type="checkbox"/> Other		

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. The undersigned hereby certify that if any such information is later discovered to be false or if any Lessee or Guarantor violates the terms of the lease, that Lessor may terminate any or all of the undersigned's tenancies (if any) and evict those persons forthwith, and that both Lessee and Guarantor will be responsible for all rent, damages, costs, and any other charges. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, release employment and income status, previous rental information and validate the accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the event of default of the lease agreement for collection or skip tracing purposes.

I/We hereby deposit with owner/agent the sum of _____ as a non-refundable application fee, for the premises listed below.

The undersigned is aware that, if the application is approved, you may reserve the apartment by paying a security deposit of _____.

I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market if the applicant does not take the apartment. I/We understand that the security deposit will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Signature _____	Date _____
Signature _____	Date _____

