

SPICERTOWN RENTALS



P.O. BOX 1477 AKRON OH 44309-1477
PHONE (330) 762-0050 FAX (330) 762-1515

APPLICATION FOR LEASE

Tenant Information

Name

Telephone

Current Street Address

City, State Zip

Previous Address

City, State Zip

Social Security Number

Date of Birth

Driver's License No./ST of issue

Employer (Place of employment)

Work Phone

Supervisor

(Your) Position

Length of Employment

Parent Information

Name

Telephone

Address

City, State Zip

Employer

Work Phone

Tenant Financial Information

Bank / Branch

Checking and/or Savings Account No.

Credit Card Co.

Last 4 Digits

Ever had:

bankruptcy

collections

lawsuit

Have you ever broken a lease or been evicted? No ____ If yes, please explain: _____

I verify the facts set forth in this lease application are true to the best of my knowledge. I hereby authorize Spicertown Rentals to investigate my personal and financial history, as well as credit record. I understand that giving false information is justification for forfeiture of the lease application.

Signature

Date