

SPICERTOWN RENTALS, LLC



P.O. BOX 568 AKRON OH 44309-1477 PHONE
(330) 842-1237 (330) 762-8675 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 _____