RENTAL APPLICATION Cosigner

Website: ohpm.biz

Phone #: (615) 305-9103

PLEASE PRINT ALL INFORMATION and complete in blue or black ink. Married applicants can complete a combined application. Approved Cosigners needs to have a credit score 680 or above, be a property owner and have a bank account. If married both need to Cosign.

Apartment Applicant's Name

Address of Rental Home or Apartment: _					
Cosigner 1:	Other/Maiden Name:				
Address :	City	St	Zip		
Contact Phone #:	Work Phone	e#			
Email:	Email work:				
Date of Birth: Social Security I	Number:	Email:			
Cosigner 2: Other/Maiden Name:					
Address :	City	St	Zip		
Contact Phone #:	Work Phone	e#			
Email:	Email work:				
Real Estate Owned (Please enclose a copy of your last property tax bill)					
Address of Real Estate:	Ci	ity	St Zip		
Appraised Value of Real Estate:			e Amount:		
Address of Real Estate:Appraised Value of Real Estate:	Ci	ity Mortgag	_ St Zip e Amount:		
Employment/Income (Copy of last check of payment notification)					
Currently Employed by:	Pho	one#	How long?		
Address:Dept./	Position:	Monthly	Net Income\$		
Employer HR contact: Pho	one #	E-mail:			
Spouse's employment:	Phone#	I	How long?		
Address:Dept./	Position:	Monthly	income\$		

Ricky L McClintock E-mail: rick@ohpm.biz Website: ohpm.biz 407 Jones Street Old Hickory, TN 37138 Phone #: (615) 305-9103

Employer HR contac	t:	Phone #	E	-mail:
List all sources of in-	come:			
List monthly amount	s of other Inco	ome: Child Suppor	rt \$	Alimony \$
Social Security \$	SSI \$	Unemploymen	nt \$	_ Families First \$
Other: \$ Gi	ve Source of	Income:	Total l	Family Income:
		References and le a copy of all r		•
Bank reference:Address:			_ Phone#	How long? t #
				d during the past three years?
•	-			IO If so, give date & details:
	convicted of a	misdemeanor or f	elony?	Details:
Please provide a pic	ture ID, driv	er license or state	e ID.	
Make/model:			Year:	Tag#
Make/model:			_Year:	Tag#
is non-refundable if applicant does not meet resaid deposit to cover the curve and complete and aut	cant is disapprovental/credit requi- ost of processing horizes verificati	ed because he/she has rement standards, or b g this application. The ion of information and	provided ina ecause of bac undersigned references g	
agreement may be terminar reserves the right to not re	nted if I have ma ender any lease/c ne information p	de any false or incompredit decision of any tyrovided in this applica	lete stateme pe until this	tand that my lease, credit or rental nts in this application. Rick McClintock form is completed and verified. I r credit sources, current and previous
Signature of Applica	nt:			Date:
Signature of Applica	nt:			Date:

Consent to Background and Reference Check

I authorize Ricky L. McClintock to obtain information about me from my credit sources, banks, current and previous landlords, employers and personal references. I authorize my credit sources, current and previous landlords, employers and personal references to disclose to Ricky L. McClintock such information about me as he may request. This authorization is good now and anytime in the future as long as the requested credit information is being utilized in conjunction with the attached application and lease. Authorization is also granted if this business arrangement results in the tenant owing the landlord monies or any type of collection situation.

Name(s):	
Address:	
City, State, Zip	:
Social Security	Number(s):
Signature:	Date:
	Consent to Background and Reference Check
banks, current a credit sources, disclose to Rich authorization is information is a Authorization i	ky L. McClintock to obtain information about me from my credit sources, and previous landlords, employers and personal references. I authorize my current and previous landlords, employers and personal references to ky L. McClintock such information about me as he may request. This is good now and anytime in the future as long as the requested credit being utilized in conjunction with the attached application and lease. It is also granted if this business arrangement results in the tenant owing the sor any type of collection situation.
Name(s):	
Address:	
City, State, Zip	:
Social Security	Number(s):
Cianatura	Doto