

MASON EQUITY GROUP, LLC

Contact: 614-781-1100 Application Fee \$30.00

Mailing Address: Mason Equity Group P.O. Box 14460 Columbus, Ohio 43214

APPLICATION

**Applicant must be 18 years of age or older
Separate applications unless applicant is Spouse**

APPLICANT:

First Name/Middle Initial/Last Name:	Date of Birth:	Social Security Number:
Marital Status:	Driver's License Number:	State:
Phone Number:	Email Address:	

SPOUSE:

First Name/Middle Initial/Last Name:	Date of Birth:	Social Security Number:
Marital Status:	Driver's License Number:	State:
Phone Number:	Email Address:	

OCCUPANTS UNDER THE AGE OF 21

First Name:	Last Name:	DOB:	Age:
First Name:	Last Name:	DOB:	Age:
First Name:	Last Name:	DOB:	Age:

PRESENT RESIDENTIAL REFERENCE:

Residency Period From: / /	To: / /	
Address:	City/State/Zip:	Telephone:
Owner/Apt. Community:	Telephone:	Monthly Rent Payment:

PREVIOUS RESIDENTIAL REFERENCE:

Residency Period From: / /	To: / /	
Address:	City/State/Zip:	Telephone:
Owner/Apt. Community:	Telephone:	Monthly Rent Payment:

Have you ever been evicted? _____ If yes, please explain: _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

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SUBMIT WITH APPLICATION: LAST TWO MOST RECENT PAY STUBS FROM EACH JOB

PRESENT EMPLOYER:

Company Name/Address:		City/State/Zip:
Telephone Number:	Supervisor:	Your Position:
Monthly Income (Gross amount before deductions)	Full Time / Part Time:	Employment Dates:
Pay Period:	Hours you work:	From: / / To: / /
Other Income & Type:	Work Schedule:	

ADDITIONAL EMPLOYMENT:

Company Name/Address:		City/State/Zip:
Telephone Number:	Supervisor:	Your Position:
Monthly Income (Gross amount before deductions)	Full Time / Part Time:	Employment Dates:
Pay Period:	Hours you work:	From: / / To: / /
Other Income & Type:	Work Schedule:	

SPOUSE - PRESENT EMPLOYER:

Company Name/Address:		City/State/Zip:
Telephone Number:	Supervisor:	Your Position:
Monthly Income (Gross amount before deductions)	Full Time / Part Time:	Employment Dates:
Pay Period:	Hours you work:	From: / / To: / /
Other Income & Type:	Work Schedule:	

SPOUSE – ADDITIONAL EMPLOYMENT:

Company Name/Address:		City/State/Zip:
Telephone Number:	Supervisor:	Your Position:
Monthly Income (Gross amount before deductions)	Full Time / Part Time:	Employment Dates:
Pay Period:	Hours you work:	From: / / To: / /
Other Income & Type:	Work Schedule:	

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VEHICLE INFORMATION:

Year / Make:	Color:	License No. / State:	Registered To:
Year / Make:	Color:	License No. / State:	Registered To:

The undersigned represents that the above statements are true and complete and hereby authorizes verification of above stated references, criminal and credit records for a non-refundable application fee of **\$30.00**.

I hereby deposit with owner/agent \$ _____ as a fee to hold the unit off the market pending approval. If approved and the contemplated lease is entered into, the unit deposit shall be credited to the required security deposit. If applicant is approved but fails to enter into the contemplated lease, the rental fee will be forfeited to the owner as liquidated damages. The unit fee is refunded if the applicant is not approved. Keys will be furnished only after the lease and all other documents have been signed and deposits paid. This application is preliminary only and does not obligate owner or owners' agent to execute a lease or deliver possession of premises.

Applicant

Date

Applicant

Date

Application Accepted By

Date

Manager Decision: **APPROVED** **DECLINED**

Date _____

SPECIAL NOTES
