

Three J Investment Group, Inc. D.B.A. Cincy Area Properties

100 Crisler Way, Suite 103, Crescent Springs, KY 41017 (859) 283-5628

Application for Tenancy

Date _____

Unit applying for: _____ Rent:\$ _____ Deposit:\$ _____

Full Legal Name: _____ Date of Birth: _____

Social Security #: _____ - _____ - _____ Email Address: _____

Primary Phone #: (_____) _____ - _____ Secondary Phone #:(_____) _____ - _____

Current Address: _____

How long have you lived at address? _____ YR _____ MO OWN/ RENT (circle one)

Landlord/ Mortgage Company? _____ Phone: _____

Previous Address: _____

Dates of Residence: From _____ To _____ OWN/ RENT (circle one)

Landlord/ Mortgage Company? _____ Phone: _____

Employer _____ Phone _____

Supervisor: _____ Gross monthly income? \$ _____

Length of time on job? _____ YRS _____ MOS

Do you receive assistance from an agency? YES/ NO (circle one)

Have you ever declared bankruptcy? YES/ NO (circle one) Had you had a foreclosure/ eviction? YES/ NO (circle one)

How did you hear about Cincy Area Properties _____

I acknowledge that I have put down \$ _____ as a deposit to reserve the property. I understand that the cost to hold the apartment is \$100 per week, which will be applied towards the security deposit. However, this will be surrendered at the rate of \$100 per weeks if I back out to compensate Three J Investments Group Inc. for rent and marketing loss. I understand that Three J Investments Group Inc. will return the deposit, less a \$30.00 application fee, if I do not meet the approval criteria. Furthermore, I authorize Three J Investments Group Inc. to review my credit profile and verify any employment and rent/mortgage history.

Printed Name _____ Signature _____ Date _____

Please include a NON-REFUNDABLE \$30.00 application fee when you turn in this application. Your application will not be processed without the application fee.

Receipt Number _____ Cash / MO _____

Cincy Area Properties & Three J Investment Group, Inc.
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Amount Received \$ _____ Receipt Number _____ Cash / MO _____

CAP Rep. Initial _____ Date _____