

# MASON EQUITY GROUP, LLC

Contact: 614-781-1100      [tflais@masonequitygroup.com](mailto:tflais@masonequitygroup.com)      Application Fee \$30.00  
 Mailing Address: Mason Equity Group    P.O. Box 14460 Columbus, Ohio 43214

## APPLICATION

Applicant must be 21 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:	

# MASON EQUITY GROUP, LLC

**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 by 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**
