

TURN-KEY MANAGEMENT REALTORS  
997 NORTH MARKET STREET, SUITE 4  
TROY, OHIO 45373  
937-335-7176 FAX 937-335-8177

Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Occupancy Dates: From \_\_\_\_\_ To \_\_\_\_\_  
LESSOR RESPONSE: \_\_\_\_\_  
Has the tenant's residence suffered a bed bug infestation during the term of their tenancy?  
Yes No  
Were they a good tenant? Yes No  
Were there any disturbances? Yes No  
Was the unit left in good condition? Yes No  
Would you re-rent to the tenant? Yes No  
Was the tenant ever late on rent? If so, how many times?  
Did they leave owing rent: Yes No If so, what was the amount? \_\_\_\_\_  
Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
Occupancy Dates: From \_\_\_\_\_ To \_\_\_\_\_  
LESSOR RESPONSE: \_\_\_\_\_  
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Would you re-rent to the tenant? Yes No  
Was the tenant ever late on rent? If so, how many times:  
Did they leave owing rent: Yes No If so, what was the amount? \_\_\_\_\_  
Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission to verify any current employment and check my current or prior rental references:

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date