

**Property Investments of Note, LLC
Rental Application
Addendum**

This form must be completed and mailed, faxed or emailed before application processing will be started.

Note: applicant assumes all security risk for information sent via email. Recipient will not be held liable for breaches to information sent electronically.

Mailing address: Property Investments of Note, LLC, 3336 Harrison Ave #11235, Cinti, OH 45211

Fax: (513) 813-2818

Email: Paul@pin-llc.net

This Addendum applies to the Rental Application submitted online by (applicant) _____ for the property located at _____. The online application was submitted on (date)_____ at approximately (time)_____.

Applicant date of birth: _____

Applicant SSN: _____

Other occupants listed on online application: (SSNs must be provided for those 18 years old and older.)

Name _____ DOB _____ SSN: _____ Rel. _____

Name _____ DOB _____ SSN: _____ Rel. _____

Name _____ DOB _____ SSN: _____ Rel. _____

Name _____ DOB _____ SSN: _____ Rel. _____

Applicant signature: _____ Date: _____

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**I hereby authorize Property Investments of Note, LLC and/or its agents to obtain information concerning my past and present credit, rental, criminal and/or employment history, and to answer any questions posed by others in the future regarding their rental experience with me. I hereby authorize any of the following sources, including but not limited to (1) credit reporting agencies, (2) public or privately owned utility companies, (3) governmental housing agencies, and (4) current or past landlords, employers or creditors (5) law enforcement agencies, to release any said information to the above named party. I hereby release any of the above sources, their officers, agents, or employees, from any liability for damages of any kind whatsoever, whether caused by negligence or not, which may at any time result to me by reason of compliance with the above mentioned inquiry, which may include the answering of specific questions and the giving of any information concerning my present or past record. This authorization begins immediately and expires 36 months after the termination of tenancy.

Applicant _____ Date _____

Non-applicant, authorized tenant of applicant's current or prior residence must sign to authorize release of information by current or prior landlord:

_____ Date: _____

Printed name:

for residence address:
