

200 WEST APARTMENTS

20201 Lorain Road #115
Fairview Park, Ohio 44126
440-333-0102

Date: _____

Suite # _____

Rent: \$ _____

App. By: _____

RENTERS INSURANCE IS REQUIRED

NO PETS ARE ALLOWED ON THE PREMISE

RENTAL APPLICATION

FULL NAME: _____ Birthdate: _____ S.S.#: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____ Cell Phone: _____

Owner/Manager: _____ Rent Amt.: \$ _____ Phone: _____ Length of Occupancy: _____ mos.

Email Address: _____

Previous Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Owner/Manager: _____ Rent Amt. \$ _____ Phone: _____ Length of Occupancy: _____ mos.

Total Persons to Occupy suite _____ **Marital Status:** Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

EMPLOYER: _____ Address: _____ City/Zip: _____ Phone: _____

Email Address: _____

Position: _____ Supervisor: _____ Phone: _____ Ext. _____ Fax: _____

Length of Employment: _____ # of hours per week: _____ Gross Monthly Income: _____

(If less than 3 years)

Previous Employer: _____ Address: _____ City/Zip: _____ Phone: _____

Position: _____ Supervisor: _____ Phone: _____ Fax: _____

Length of Employment: _____ # of hours per week: _____ Gross Monthly Income: _____

VEHICLE INFORMATION: Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____ Drivers License #: _____ State: _____

Loan with: _____ Balance Due \$ _____ Phone: _____

BANK REFERENCES: Bank Name: _____ Branch: _____

Checking Account #: _____ Savings Account #: _____

Phone #: _____ Other: _____

Do you owe rent? _____ **Have you ever received an eviction notice?** _____ **Ever Bankrupt?** _____ **When?** _____

Any court judgments against you? _____ **Have you recently been sued?** _____ **Do you smoke?** _____ **Other debts?** _____

PERSONAL REFERENCE: Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Email Address: _____

IN CASE OF EMERGENCY: Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Email Address: _____ (over) >

PLEASE READ THIS CAREFULLY

This undersigned Applicant warrants and represents that all statements made on this Rental Application are true and Applicant agrees, if accepted, to sign a Lease Agreement in the usual form and on the terms and conditions stated in that Lease Agreement. Owner is permitted to terminate the Lease if any statement made on this Application is false. If Applicant fails to sign a Lease, it is agreed that the Application Deposit is forfeited. If the Application is not accepted by the Owner, the Application Deposit will be refunded less \$35.00 for the first Applicant and an additional \$15.00 for the second Applicant. This Application and Deposit are not assignable. This Application is not valid unless signed by each Applicant.

Witness: _____ Signed _____
By typing your name, you acknowledge this represents your signature

FOR OFFICE USE ONLY

Amount of Deposit \$ _____ received from _____ Date _____

for Suite # _____ By: _____ Balance of Deposit \$ _____ paid. _____

Obtained copy of Driver's License _____yes _____no

Lead Disclosure form completed _____yes _____no

Credit Check called in to _____ on _____.

Landlord verified on _____ Comments: _____

Employment verified on _____ Comments: _____

This Application _____ approved _____ not approved By: _____

Applicant notified: _____ By: _____

Rental Amount\$ _____ Lease term: _____

Applicants Move-In Date & Time _____ Applicant to sign Lease on _____ at _____.