

# Owner's Management Company

25250 Rockside Road, Cleveland, Ohio 44146  
PHONE 440/439/3800

Community \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_ Bed/Bath \_\_\_\_\_ Date \_\_\_\_\_  
No. Occupants: \_\_\_\_\_ No. of autos: \_\_\_\_\_ No. of garages: \_\_\_\_\_ Base monthly rent \$ \_\_\_\_\_

Garage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TOTAL MONTHLY RENT \$ \_\_\_\_\_

Possession needed: \_\_\_\_\_ Lease term: \_\_\_\_\_ to \_\_\_\_\_ approved by: \_\_\_\_\_

**APPLICANT: List all persons who will occupy the suite** (note: All adults to occupy apartment must sign the lease.)

No.	NAME	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NO.	DATE OF BIRTH
1.		Applicant		
2.				
3.				
4.				
5.				
6.				

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Have you ever been evicted?  YES  NO Has any landlord ever sued you for rent or possession?  YES  NO  
Are you or is anyone who is going to reside with you a registered sex offender?  YES  NO  
Have you or anyone who will reside with you been convicted of a felony?  YES  NO  
If yes, Offense \_\_\_\_\_ Release date \_\_\_\_\_ currently on probation?  YES  NO until \_\_\_\_\_

**RESIDENCE HISTORY (5 YEARS)**, (if you need more room write on back of top copy of this application)

Present Address	Landlord/Lender	Business Phone	How Long	Monthly Pmt.	Reason for Moving
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				Lease Expires:
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				

### CREDIT REFERENCES

INSTITUTION	BRANCH LOCATION	ACCOUNT #	BALANCE
CHECKING			
SAVINGS			

**EMPLOYMENT (5 YEARS)** (if you need more room write on back of top copy of this application) (provide current pay stub)

EMPLOYER NAME AND ADDRESS	YOUR POSITION	DATES MO/YEAR	SUPERVISOR	GROSS INCOME
present		FROM: _____ TO: _____		
present/previous		FROM: _____ TO: _____	PHONE: _____	
previous		FROM: _____ TO: _____	PHONE: _____	
		FROM: _____ TO: _____	PHONE: _____	

**OTHER INCOME (I.E. DISABILITY, PENSIONS, ASSET INTEREST, CHILD SUPPORT, ETC.)** (provide documentation)

Source: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

### IN CASE OF EMERGENCY - NOTIFY:

Name	Relationship	Home Phone	Work Phone
Address	City	State	Zip

### AUTO(S)

Drivers License	State	State
Make/Model/Color	Year	Plate #
Make/Model/Color	Year	Plate #

No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement. This application is made subject to Owner's approval. If this application is approved, the deposit made will be held as security for the performance of all terms and conditions of the Lease Agreement by the applicant. If this application is not approved, the deposit will be refunded to the applicant and both parties shall have no further liability to each other.

Applicant specifically authorizes Owner's to obtain a credit check and a criminal background check on the undersigned, an investigative consumer report and to verify all of the above in any manner that Owner's deems necessary. Applicant's signature further releases all parties providing pertinent information to Owner's from all liability that may result from furnishing this information.

Security Deposit \_\_\_\_\_  
1<sup>st</sup> Month Rent \_\_\_\_\_  
Key Deposit \_\_\_\_\_  
Inspection Fee \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Print applicant's full name: \_\_\_\_\_  
LEASING AGENT \_\_\_\_\_ DATE \_\_\_\_\_