

**200 WEST APARTMENTS**

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

**RENTAL APPLICATION**

Date: \_\_\_\_\_

Suite # \_\_\_\_\_

Rent: \$ \_\_\_\_\_

**RENTERS INSURANCE IS REQUIRED • A PET FREE COMPLEX**

**FULL NAME:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Length of Occupancy: \_\_\_\_\_ months/yrs.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Length of Occupancy: \_\_\_\_\_ months/yrs.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ # of hours per week: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

(If less than 3 years)

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: \$ \_\_\_\_\_

**BANK REFERENCES:** Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

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

**Have you ever been late with rental payments?** \_\_\_\_\_ **How many times?** \_\_\_\_\_ **Other debts?** \_\_\_\_\_ **Do you smoke?** \_\_\_\_\_

**Have you ever been evicted?** \_\_\_\_\_ **Any court judgments against you?** \_\_\_\_\_ **Ever Bankrupt?** \_\_\_\_\_ **When?** \_\_\_\_\_

**IN CASE OF EMERGENCY:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PERSONAL REFERENCE:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(Other than relative)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

(continued) ↓

**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 Deposit is forfeited. If the Application is not accepted by the Owner, the Deposit will be refunded less \$35.00 for the first Applicant and \$15.00 for each additional Applicant. This Application and Deposit are not assignable.

**This Application is not valid unless signed by Applicant.**

**Witness:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

*HOW DID YOU FIND US?* \_\_\_\_\_

**200 West Apartments Criteria**

Date: \_\_\_\_\_ Leasing Representative: \_\_\_\_\_

Suite # \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Received from: \_\_\_\_\_

Obtained copy of Driver's License: \_\_\_\_\_yes

Lead Disclosure form completed: \_\_\_\_\_yes

Credit check completed: \_\_\_\_\_yes Date: \_\_\_\_\_ Score: \_\_\_\_\_ Meet criteria: Yes \_\_\_\_\_ No \_\_\_\_\_

Background check complete: \_\_\_\_\_yes Meet criteria: Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord verified: \_\_\_\_\_yes Date: \_\_\_\_\_ Meet criteria: Yes \_\_\_\_\_ No \_\_\_\_\_

Employment verified: \_\_\_\_\_yes Date: \_\_\_\_\_ Meet criteria: Yes \_\_\_\_\_ No \_\_\_\_\_

This Application \_\_\_\_\_approved \_\_\_\_\_not approved By: \_\_\_\_\_  
Janene Kubit, G.M.

Applicant notified date: \_\_\_\_\_ By: \_\_\_\_\_

Electric Confirmation #: \_\_\_\_\_

Verify Renters Insurance: \_\_\_\_\_yes

Applicant lease signing date: \_\_\_\_\_

Rental Amount \$ \_\_\_\_\_ Prorated Amount \$ \_\_\_\_\_ Lease terms: \_\_\_\_\_

Date Receiving Keys: \_\_\_\_\_ Move Date: \_\_\_\_\_ Time \_\_\_\_\_AM / PM