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APPLICATION FOR OCCUPANCY
 (One Applicant Per Form)

This Agreement made and concluded this _____ day of _____, 200____, by and between _____, hereafter **Owner** and _____, hereafter **Applicant**.

For and in consideration of the promises and covenants contained herein, the parties hereby agree as follows:

- The Applicant shall pay to the Owner a non-refundable fee upon the execution of this Agreement in the amount of _____ (\$_____) to cover the administrative costs, expenses and time of the Owner to verify the information submitted by the Applicant to determine whether or not the Owner will or will not rent premises owned or controlled by the Owner to the Applicant.
- The Applicant authorizes the Owner, his employees, agents or representatives to make any and all inquiries necessary to verify the information provided herein, including but not limited to, direct contact with the Applicant's employer, past employers, landlord, prior landlord, credit, credit bureaus, neighbors, police agencies and any and all other sources of information which the Owner may deem necessary and appropriate within his sole discretion.
- The Applicant represents to the Owner that all the information provided for herein is true, accurate and complete to the best of Applicant's knowledge and further, agrees that if any such information is not as represented, then Applicant may, at the Owner's sole discretion, be disqualified as a tenant.
- The Applicant provides the following information to the Owner:

GENERAL INFORMATION

| | | | | |
|--|-------------------------|------------------------|-----------------|--------------------|
| APPLICANT'S NAME (LAST MIDDLE FIRST) | | | | |
| SOCIAL SECURITY NUMBER - - | DRIVER'S LICENSE NUMBER | DRIVER'S LICENSE STATE | APPROXIMATE AGE | |
| EMERGENCY CONTACT NAME (LAST MIDDLE FIRST) | | | | RELATIONSHIP |
| ADDRESS | CITY | STATE | ZIP CODE | PHONE NO. () - |
| CO-SIGNER NAME (LAST MIDDLE FIRST) | | | | RELATIONSHIP |
| ADDRESS | CITY | STATE | ZIP CODE | PHONE NO. () - |

LIST YOUR PREVIOUS RENTAL INFORMATION BEGINNING WITH YOUR CURRENT RESIDENCE:

1

| | | | | | | |
|--------------------------------------|---|----------|---|--|---|-------------------------|
| STREET ADDRESS | | APT. NO. | CITY | STATE | ZIP CODE | YOUR PHONE NO. () - |
| NAME OF APARTMENT OWNER OR MANAGER | | | PHONE NO. () - | MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO | | MONTHLY RENT \$. |
| WHEN DID YOU MOVE IN? (M/D/Y) - - | HAVE YOU GIVEN YOUR NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DO YOU PAY YOUR RENT ON TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | | HAVE YOU BEEN ASKED TO LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WHY ARE YOU MOVING? | | | | | | |

2

| | | | | | | |
|--------------------------------------|---------------------------------------|--|--------------------|---|----------|--|
| STREET ADDRESS | | APT. NO. | CITY | STATE | ZIP CODE | YOUR PHONE NO. () - |
| NAME OF APARTMENT OWNER OR MANAGER | | | PHONE NO. () - | MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO | | MONTHLY RENT \$. |
| WHEN DID YOU MOVE IN? (M/D/Y) - - | WHEN DID YOU MOVE OUT? (M/D/Y) - - | DID YOU GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DID YOU PAY RENT ON TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WERE YOU ASKED TO LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| WHY DID YOU MOVE? | | | | | | |

3

| | | | | | | |
|--------------------------------------|---------------------------------------|--|--------------------|---|----------|--|
| STREET ADDRESS | | APT. NO. | CITY | STATE | ZIP CODE | YOUR PHONE NO. () - |
| NAME OF APARTMENT OWNER OR MANAGER | | | PHONE NO. () - | MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO | | MONTHLY RENT \$. |
| WHEN DID YOU MOVE IN? (M/D/Y) - - | WHEN DID YOU MOVE OUT? (M/D/Y) - - | DID YOU GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DID YOU PAY RENT ON TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WERE YOU ASKED TO LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| WHY DID YOU MOVE? | | | | | | |

EMPLOYMENT INFORMATION

LIST YOUR CURRENT EMPLOYMENT INFORMATION:

| | | | | |
|-------------------|-----------------------------|--|-----------------------|--------------------------|
| COMPANY | | PHONE NO. () - | OCCUPATION | HIRE DATE (M/D/Y) - - |
| SUPERVISOR'S NAME | YOUR MONTHLY SALARY \$. | WORK STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | IF PART TIME, HRS /WK | YEARS EMPLOYED |

LIST ANY ADDITIONAL SOURCE OF INCOME (IF APPLICABLE):

| | | | | |
|-------------------|------------------------|--|-----------------------|--------------------------|
| COMPANY | | PHONE NO. () - | OCCUPATION | HIRE DATE (M/D/Y) - - |
| SUPERVISOR'S NAME | MONTHLY SALARY \$. | WORK STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | IF PART TIME, HRS /WK | YEARS EMPLOYED |

OCCUPANT INFORMATION

NUMBER OF OCCUPANTS WHO WILL OCCUPY PREMISES: _____

LIST BELOW NAMES AND RELATIONSHIPS OF ALL PERSONS TO OCCUPY PREMISES

| NAME | RELATIONSHIP | NAME | RELATIONSHIP |
|------|--------------|------|--------------|
| | | | |
| | | | |
| | | | |

LIST BELOW ALL MOTOR VEHICLES OWNED / OPERATED BY OCCUPANTS

| MAKE | MODEL | YEAR | COLOR | PLATE NUMBER & STATE |
|------|-------|------|-------|----------------------|
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL INFORMATION

| | | | | |
|---|--|--|--------------|---|
| DO YOU HAVE PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHAT KIND OF PETS? | HOW MANY PETS? | SIZE OF PETS | BREED OF PETS |
| DO YOU HAVE AN ACCOUNT WITH A UTILITY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER BEEN LATE PAYING THE BILL? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DO YOU HAVE THE TOTAL MOVE-IN AMOUNT AVAILABLE NOW? (First month's rent plus the deposit) <input type="checkbox"/> YES <input type="checkbox"/> NO | | HAVE YOU EVER BROKEN A LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHEN? (M/D/Y) - - |
| HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHEN? (M/D/Y) - - | WHY WERE YOU EVICTED? | | HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO |

OWNER IS NOT LIABLE TO THE APPLICANT, HIS HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS FOR ANY DAMAGE OF ANY KIND, ACTUAL OR CONSEQUENTIAL BY REASON OF THE VERIFICATION BY THE OWNER OF THE INFORMATION PROVIDED BY THE APPLICANT AND, APPLICANT HEREBY RELEASES THE OWNER, HIS AGENT, EMPLOYEES AND/OR REPRESENTATIVES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION OF ANY KIND OR NATURE THAT MAY ARISE BY VIRTUE OF THE EXECUTION OR IMPLEMENTATION OF THE AGREEMENT PROVIDED HEREIN.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE SET THEIR HAND ON THE DATE FIRST WRITTEN BELOW.

APPLICANT'S SIGNATURE _____

DATE _____

THIS SECTION FOR OFFICE USE

Credit report: Favorable Unfavorable By: _____

Other comments _____

Deposit _____ Option _____ Monthly rent _____

Unit applied for _____ Term of Lease _____ months

Total Lease _____ Move-in date _____ Expires _____ No. keys _____

Pet deposit if any _____ Utilities to be paid by Tenants: GAS ELECTRIC WATER

Trash pick up if applicable _____