



MPO Box 0358
 Oberlin, OH 44074
 Phone: (440) 775-3354
 Fax: (440) 774-4813

www.northshorecompanies.com

APPLICATION FOR OCCUPANCY

(One Applicant Per Form)

This Agreement made and concluded . . .

this _____ day of _____, 20____, 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 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)				BIRTHDATE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	EMAIL	
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

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 **X** _____ 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: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER	
Trash pick up if applicable _____		