

A non-refundable application fee of \$50.00 is due prior to processing this application.



Equal Housing Provider

phone: (216) 696-5442

email: theseasons@crminc.us

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____ AGENT _____

COMMUNITY _____

APT. NO. _____ RENT \$ _____

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____

beginning on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

EMAIL ADDRESS: _____

FULL NAME _____ Phone () _____

Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____

CO-APPLICANT _____ Relationship _____ Phone () _____

Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____

Names of All Other Occupants _____

Total Number of Occupants _____

How Many Pets? _____ Kind of Pet, Breed, Weight and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____ Monthly Payment \$ _____

PREVIOUS ADDRESS (If within 3 years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PREVIOUS ADDRESS (If within 3 years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed

CURRENT EMPLOYER (Or Most Recent) _____

Address _____ Phone () _____

Date(s) Employed / From _____ To _____ Position _____

Supervisor _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____

PREVIOUS EMPLOYER _____

Address _____ Phone () _____

Date(s) Employed / From _____ To _____ Position _____ Supervisor _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			

YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Other Car, Motorcycle, etc. _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

CONTINUED OVER

Please give any additional information that might help management evaluate your application: _____

How did you hear about our property? _____

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone: _____ Night Phone: _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____ Relationship: _____	
Full Address: _____	
Home Phone: _____	Work Phone: _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the _____ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ _____ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ _____ as earnest money to be refunded to me if this application is not accepted within _____ business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for _____ months before possession is given and to pay the balance of the security deposit within _____ business banking days after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of nonacceptance.

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT. The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date Signed ____/____/____

Signature of Co-Applicant _____ Date Signed ____/____/____

APPLICANT: PLEASE DO NOT WRITE BELOW

PAYMENT OF \$ _____ RECEIVED BY (NAME) _____ DATE _____

THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE _____

Reference Verification Name	Reference Comments

Comments:

THIS APPLICATION **APPROVED** **NOT APPROVED**

BY _____ Title _____ Date _____

If not approved, specify reason(s) _____

Applicant Notified By (Name) _____ Date Notified _____

Notified by: LETTER (Attach Copy) FORM TELEPHONE FAX IN PERSON

Requests for reasonable accommodations and reasonable modifications are considered on a case-by-case basis in accordance with all applicable fair housing laws.