





## **RENTAL APPLICATION**

THIS FORM MUST BE COMPLETED BY ALL RENTAL APPLICANTS. REQUESTS FOR REASONABLE ACCOMODATIONS AND REASONABLE MODIFICATIONS ARE CONSIDERED ON A CASE-BY-CASE BASIS IN ACCORDANCE WITH ALL APPLICABLE FAIR HOUSING LAWS. EQUAL HOUSING PROVIDER

| THE UNDERSIGNE      | D HEREBY MAKES        | APPLICATION TO RENT:                              |                    |                 |                 |              |                |
|---------------------|-----------------------|---|--------------------|-----------------|-----------------|--------------|----------------|
| UNIT #              | _ LOCATED AT:         | $\square$ THE SEASONS AT PERK PARK                | ☐ THE IVORY        | ON EUCLID [     | ☐ THE SCHOFIELI | D RESIDENC   | CES            |
| BEGINNING ON _      |                       | AT A MONTHLY RENTAL OF \$                         |                    |                 |                 | FOR          | _ MONTHS       |
| ENDING ON           |                       | WI  | ITH AN APPLICATION | FEE OF \$       |                 |              |                |
| PLEASE TELL         | US ABOUT YOU          | JRSELF  |                    |                 |                 |              |                |
| FULL NAME           |                       |   |                    |                 |                 |              |                |
| EMAIL ADDRESS _     |                       |   | DRI                | VER LICENSE # & | STATE           |              |                |
| DATE OF BIRTH       |                       |   | SO0                | CIAL SECURITY # |                 |              |                |
| NAME(S) OF OTHE     | ER OCCUPANTS          |   | T01                | ΓAL # OF OCCUPA | NTS             |              |                |
| TYPE(S) OF PET/BF   | REED/WEIGHT/AGE       | E   | TO1                | ΓAL # OF PETS   |                 |              |                |
| PLEASE PROV         | /IDE YOUR RES         | IDENCE HISTORY (FOR PAST T                        | THREE YEARS)       |                 |                 |              |                |
| CURRENT ADDRES      | SS (INCLUDE CITY/S    | STATE/ZIP)  |                    |                 |                 |              |                |
| MONTH/YEAR MC       | OVED IN               | MONTHLY PAYMENT                                   | REA                | ASON FOR LEAVIN | IG              |              |                |
| OWNER OR AGEN       | Т                     |   | PH0                | ONE #           |                 |              |                |
| PREVIOUS ADDRES     | SS (IF WITHIN THR     | EE YEARS)   |                    |                 |                 |              |                |
| MONTH/YEAR MC       | OVED IN               | MONTH/YEAR MOVED OUT                              | REA                | ASON FOR LEAVIN | IG              |              |                |
| OWNER OR AGEN       | т                     |   | PH0                | ONE #           |                 |              |                |
| PLEASE PROV         | /IDE YOUR EMI         | PLOYMENT INFORMATION                              |                    |                 |                 |              |                |
| YOUR EMPLOYME       | NT STATUS:            | ☐ FULL-TIME ☐ PART-TIM                            | IE STUDENT         | ☐ RETIRE        | D 🗆 NOT         | EMPLOYED     | )              |
| CURRENT (OR MO      | ST RECENT) EMPL       | OYER  | PHO                | ONE #           |                 |              |                |
| ADDRESS             |                       |   |                    |                 |                 |              |                |
| MONTH/YEAR EM       | PLOYED FROM           | TO  | POS                | SITION          |                 |              |                |
| SUPERVISOR          |                       | GROSS MONTHLY SALARY                              | HO                 | USEHOLD GROSS   | MONTHLY INCO    | ME           |                |
| PREVIOUS EMPLO      | YER                   |   | PH(                | ONE #           |                 |              |                |
| ADDRESS             |                       |   |                    |                 |                 |              |                |
| MONTH/YEAR EM       | PLOYED FROM           | TO  | POS                | SITION          |                 |              |                |
| SUPERVISOR          |                       | GROSS MONTHLY SALARY                              | НО                 | USEHOLD GROSS   | MONTHLY INCOM   | ME           |                |
|                     |                       | u would like us to consider, please list incone u |                    |                 |                 | vould contac | ct for confir- |
| AMOUNT \$           | PER                   | SOURCE  | PHC                | )NE #           |                 |              |                |
| PLEASE LIST         | YOUR BANK AN          | ND CREDIT REFERENCES                              |                    |                 |                 |              |                |
| BANK                |                       |   | CIT                | Y/STATE/BRANCH  | I               |              |                |
| ACCOUNT TYPE &      | #                     |   | PH0                | ONE #           |                 |              |                |
| Please give any add | itional information t | hat might help management evaluate yo             | our application:   |                 |                 |              |                |
|                     |                       |   |                    |                 |                 |              |                |
|                     |                       |   |                    |                 |                 |              |                |
|                     |                       |   |                    |                 |                 |              |                |
|                     |                       |   |                    |                 |                 |              |                |
| HOW DID YOU HEA     | AR ABOUT THIS PR      | ROPERTY?   SIGNAGE   REF                          | FERRAL   APTS.0    | COM □ GOO       | GLE/INTERNET SE | EARCH Γ      | ☐ ZILLOW       |

| IN CASE OF EMERGENCY, PLEA  | SE NOTIFY   |   |   |  |  |  |
|---|---|---|---|--|--|--|
| NAME  |   | RELATIONSHIP  |   |  |  |  |
| ADDRESS   |   |   |   |  |  |  |
| HOME PHONE #  |   | WORK PHONE #  |   |  |  |  |
| IF INTERESTED IN ON SITE DAD  | VINC DI FASE DROVIDE  |   |   |  |  |  |
| IF INTERESTED IN ON-SITE PAR  |   | THE WORK ON FUCUS   |   |  |  |  |
|   | ASONS AT PERK PARK  | ☐ THE IVORY ON EUCLID   |   |  |  |  |
| VEHICLE MAKE/MODEL  |   | LICENSE PLATE #   |   |  |  |  |
| able the day of each mon  | th in advance. As an inducement to  | he conditions above set forth and agree that the rental is o the owner of the property and to the agent to accept the ald any statement made above be a misrepresentation or offset the agent's cost, time, and effort in processing my a   | his applica-<br>not a true                              |  |  |  |
| days. Upon acceptance of this application execute a lease for months days after being notified of acceptance, my inquiry and application, including m | on, this deposit shall be retained as p<br>before possession is given and to pay t<br>or the deposit will be forfeited as liqui<br>aking necessary investigation of my ca | if this application is not accepted within busine art of the security deposit. When so approved and accepted the balance of the security deposit within busine dated damages in payment for the agent's time and effort in redit, character, and reputation. If this application is not apply thereby waiving any claim for damages by reason of nona | d I agree to<br>ess banking<br>processing<br>proved and |  |  |  |
| I AUTHORIZE YOU TO CONTACT PREVIOUS L<br>AGEMENT TO OBTAIN MY CONSUMER CRED   |   | ERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHO   | ORIZE MAN   |  |  |  |
| The above information, to the best of m   | y knowledge, is true and correct.   |   |   |  |  |  |
| SIGNATURE OF APPLICANT  |   | DATE SIGNED   |   |  |  |  |
| SIGNATURE OF CO-APPLICANT   |   | DATE SIGNED   |   |  |  |  |
| ADDITION AND DEDOCIT OF   | TES ADE AS FOLLOWS:   |   |   |  |  |  |
| APPLICATION AND DEPOSIT FE  |   |   |   |  |  |  |
| PROPERTY:   | APPLICATION FEE:  | CHECK PAYABLE TO:   |   |  |  |  |
| THE SEASONS AT PERK PARK:<br>THE IVORY ON EUCLID:<br>THE SCHOFIELD RESIDENCES:  | \$40.00<br>\$50.00<br>\$50.00   | CHESTER/12, LTD<br>TRUMAN MASTER TENANT<br>SCHOFIELD MASTER TENANT, LLC   |   |  |  |  |
| APPLICATION FEE + SECURITY DEPOSIT (EQU   | IIVALENT TO ONE MONTH'S RENT) MUST  | ACCOMPANY THIS APPLICATION IN ORDER FOR IT TO BE PROCESSE   | ĒD.   |  |  |  |
|   |   |   |   |  |  |  |
| APPLICANT, PLEASE DO NOT WE   | RITE BELOW THIS LINE  |   |   |  |  |  |
| PAYMENT OF \$ RECEIVED  | BY (NAME)   | DATE  |   |  |  |  |
|   |   | DATE  |   |  |  |  |
| REFERENCE VERIFICATION NAME   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |
| REFERENCE VERIFICATION NAME   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |
|   |   |   |   |  |  |  |

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