

# APPLICATION FOR RENTAL

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references.

How did you find out about us? Sign : Newspaper : Friend : Other  Randy Skube

## YOUR PERSONAL INFORMATION

Full Name Fenicia N Sweeten Phone 216, 750-2634 Work Phone 216, 750-2600

Social Security Number 276-92-4143 Current Driver's License # RR232862 State: Ohio

Present Address 3348 Kildare Rd

City Cleveland Hights State: OHIO Zip: 44118

How Long? 2 If renting, Apartment name/location \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord/mgr's name Donna Matzek Alternate Phone: ( ) N/A

Why are you leaving? Close to family

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

Previous Address N/A

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

How Long? \_\_\_\_\_ If renting, Apartment name/location \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Present Employer VIAQUEST Day Services Position: SECRETARY How Long? 2

Address 600 West Resource Drive, Brooklyn OH Phone: 216, 750-2608

Gross Monthly Income before deductions: \$ \_\_\_\_\_ Other Income: \$ 735 Source: Social Security

Former Employer N/A Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

PLEASE CONTINUE ON NEXT PAGE

**CREDIT REFERENCES:** This can include store credit cards, rental stores, car loans, small loans, etc.

Bank PNC BANK Acct #(s) 414882053 Branch Independence Checking: [ ] Savings [ ] Loan [ ]  
City Independence State OHIO Approx. Balance \$ 120.00 How Long? 2

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES  NO

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES  NO

Have you ever been evicted? YES  NO  Have you ever had a foreclosure/repossession? YES  Date \_\_\_\_\_: NO

If yes, explain: \_\_\_\_\_

Have you ever filed for bankruptcy? YES  Date \_\_\_\_\_: NO  If yes, Chapter 7  or Chapter 13

Explain: \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation? YES  NO

If yes, explain: grand theft auto, breaking into car, theft, assault

**PERSONAL REFERENCES** - List three persons, OTHER THAN YOUR RELATIVES, that we may contact to verify your character.

Name Marietta Spraggins Relationship Program Manager Phone: 216, 750-2634  
Address 4700 Rockside Rd City Independence State OHIO Zip 44131

Name Janet Scott Relationship Supervisor Phone: 216, 750-2608  
Address 600 West Resource City Brooklyn State OHIO Zip \_\_\_\_\_

Name Maggie Skelton Relationship SSA Phone: 216, 362-3741  
Address 6149 W130th City Parma State OH Zip 44130

**EMERGENCY** - In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name Rita Sweeten Relationship Mother Phone: 440, 342-2732  
Address 3934 Gregus Ave City Lorain State OHIO Zip 44055

Name Marietta Spraggins Relationship Program Manager Phone: 216, 750-2634  
Address 4700 Rockside Rd City Independence State OH Zip 44131

PLEASE CONTINUE ON NEXT PAGE

## OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name N/A Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 \* Pets: Name N/A Type \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Name \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

**\* NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees - NO EXCEPTIONS**

Date of desired occupancy 5/1/17 Anticipated length of stay 1 yr

Do you own: Vacuum cleaner : Lawn mower : Water bed : Musical instruments : Does anyone smoke? Yes : No

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

A non-refundable application fee of \$ \_\_\_\_\_ and a reservation fee of \$ \_\_\_\_\_ are required for processing this application, and is being paid herewith. The undersigned expressly agrees that if this application is approved applicant herewith agrees to rent this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation/earnest money payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above, shall be returned to applicant. Applicant understands and agrees that rent begins as of the day after application approval and will be prorated for the following month.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION [ ], OR WILL BE PROVIDED [ ]. I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Mance O  
 Applicant's Authorization

5/26/17  
 Date

Tonia Sweeten