

# Hidden Village Square

2846 Eldora Drive, Apt. 2 • Toledo, OH 43613 • Ph. (419) 471-0030 • Fax (419) 471-0038

## Rental Application

DATE: _____	DATE UNIT DESIRED _____
UNIT ADDRESS APPLYING FOR: _____	TYPE: _____
AGENT: _____	RENT: _____
SECURITY DEPOSIT: _____	APPLICATION FEE: _____
APPROVED: _____	DECLINED: _____
	OTHER: _____

HOW DID YOU HEAR OF US? \_\_\_\_\_

### RESIDENT INFORMATION:

(PRINCIPAL INCOME EARNER)

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

LIVED AT ADDRESS HOW LONG? \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

RENT \_\_\_\_\_ OWN \_\_\_\_\_ LIVE WITH PARENTS \_\_\_\_\_ OTHER \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_

LANDLORD ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IF LESS THAN 3 YEARS, PREVIOUS ADDRESS \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_

### EMPLOYMENT:

CURRENT EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

YOUR GROSS WEEKLY SALARY \_\_\_\_\_ OTHER MONTHLY INCOME \_\_\_\_\_

### OTHER OCCUPANT INFORMATION:

OTHER OCCUPANT' NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

OTHER OCCUPANT'S EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ OTHER OCCUPANT'S SALARY \_\_\_\_\_

LANDLORD NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

OTHER OCCUPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OTHER OCCUPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**GENERAL INFORMATION**

PETS:  YES  NO IF YES, KIND & WEIGHT \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

NUMBER OF CARS: \_\_\_\_\_ AUTO MAKE, YEAR, BODY, TYPE \_\_\_\_\_

LICENSE NUMBER & STATE \_\_\_\_\_ YOUR DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DO YOU CARRY PERSONAL PROPERTY INSURANCE?  YES  NO

IF YES, WITH WHOM? \_\_\_\_\_

**CREDIT INFORMATION**

YOUR BANK \_\_\_\_\_ CITY \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ LOAN \_\_\_\_\_

YOUR BANK \_\_\_\_\_ CITY \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ LOAN \_\_\_\_\_

CREDIT REFERENCES	CITY & BANK	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE
1) _____				
2) _____				
3) _____				

**THIS APPLICATION IS SUBJECT TO OWNER'S APPROVAL**

The Owner will either accept or reject this application within five (5) days from date. If accepted, the deposit below will be credited to the security deposit, less a \$20 processing fee. If rejected, which the Owner may do at his exclusive option, without any explanation thereof, said deposit will be returned by the Owner less a \$20 processing fee, and Applicant hereby waives any claim for damages by reason of Owner's rejection of this application.

If approved, applicant must execute Owner's standard form of lease and pay the balance of security and first months rent within five (5) days of application. If the deposit and/or first months rent are not paid and/or the lease is not executed by the applicant within five (5) days of application approval, the Owner may retain deposit monies for consideration of Owner reserving said apartment without liability to Owner.

**APPLICATION DEPOSIT AGREEMENT**

Applicant has deposited an "Application Deposit" of \$70.00 in consideration for the Owner's taking the apartment off the market while considering approval of this application. If Owner approves Applicant and the lease entered into, the application deposit shall be credited to the required security deposit(s) less a \$20 processing fee. Owner or Owner's representative may withdraw application pending approval. This application is subject to Owner's approval and does not obligate Owner to execute a lease or deliver possession of premises.

Signature \_\_\_\_\_ Date \_\_\_\_\_