



## RENTAL APPLICATION Property Management Department: 2003 West Market Street, Akron, Ohio 44313. Phone: (330)867-8248 Fax: (330) 835-3714

A \$25 non-refundable application fee and a photocopy of all applicants driver's license or State ID are to accompany this application.

The undersigned hereby makes			cated at		which is \$
per month plus sec Upon approval by the landlord of this applite application has been approved, depositing responsibility to the applicant(s) for delay in multiplied by the actual number of days for condition.	curity dep cation, the t shall be fo in giving po r which pos	posit in the amount of \$ applicant(s) shall pay the security of eited. If tenancy is less than numbers in except that the applications session cannot be given, and the	ty deposit. In the e inety (90) days, the int(s) will be credite applicant(s) agree	vent the applicant(s) fails to security deposit will be forf ed with an allowance equal t es to accept the lease subject	eited. The Landlord assumes no
Except for signature, all informat	tion must	be CLEAR, LEGIBLE,	TYPED OR PI	RINTED	
APPLICANT'S NAME:		SSN:	BIRTHDATE:	Driver's License issued by state of:	DRIVER'S LICENSE #:
CO-APPLICANT/SPOUSE:		SSN:	BIRTHDATE:	Driver's License issued by state of:	DRIVER'S LICENSE #:
Applicant's E-mail Address		Co-applicants E-mail address		APPLICANT U.S. CITIZEN?	CO-APPLICANT U.S. CITIZEN?
NAMES OF OCCUPANTS:					
PETS? (LIST ANY DOGS, CATS, OTHE	ER ANIMAI	LS AND SIZE/WEIGHT OF AN	IIMAL)		
APPLICANT PRESENT ADDRESS:		APT#	APPLICA	NT TELEPHONE:	HOW LONG?
CITY/STATE/ZIP:			REASON	FOR LEAVING	
LANDLORD/MORTGAGEE:	TELEP	PHONE:	RENT/MO	RTGAGE AMOUNT \$	LOAN#
APPLICANT PREVIOUS ADDRESS: APT#			TELEPHO	TELEPHONE: HOW	
CITY/STATE/ZIP:			REASON	FOR LEAVING	
LANDLORD/MORTGAGEE:	TELEP	PHONE:	RENT/MO	RTGAGE AMOUNT \$	LOAN#
CO-APPLICANT PRESENT ADDRESS	(IF DIFFE	RENT): APT#	TELEPHO	NE:	HOW LONG?
CITY/STATE/ZIP:			REASON	FOR LEAVING	
LANDLORD/MORTGAGEE	TELEP	PHONE:	RENT/MO	RTGAGE AMOUNT \$	LOAN#
EMPLOYMENT: If with current employe	r for less th	nan 2 years, provide prior emp	loyment information	on	
APPLICANT'S EMPLOYER:	ADDRES	SS:	PHONE:		POSITION:
BASE SALARY: (WK/MO/YR)	SINCE:		SUPERVISO	SUPERVISOR'S NAME AND PHONE:	
APPLICANT'S 2 <sup>ND</sup> EMPLOYER:	ADDRESS:		PHONE:		POSITION:
BASE SALARY: (WK/MO/YR)	SINCE:		SUPERVISO	OR'S NAME AND PHONE	
CO-APPLICANT'S EMPLOYER:	ADDRES	SS:	PHONE:		POSITION:
BASE SALARY: (WK/MO/YR)	SINCE:		SUPERVISO	OR'S NAME AND PHONE	
OTHER INCOME SOURCE:	ADDRES	SS:	PHONE:		POSITION:
AMOUNT (WK/MO/YR):	SINCE:		SUPERVISO	DR'S NAME AND PHONE	

NAME	ADDRESS:	PHONE NUMBER:	HOW LONG KNOW
NAME	ADDRESS:	PHONE NUMBER:	HOW LONG KNOW
BANK ACCOUNTS:	:		
IAME:		BRANCH:	TYPE:
IAME:		BRANCH:	TYPE:
/EHICLES TO BE F		es must maintain current license plate	
MAKE:	MODEL:	STATE REGISTERED:	LICENSE:
IAKE:	MODEL:	STATE REGISTERED:	LICENSE:
AKE:	MODEL:	STATE REGISTERED:	LICENSE:
Been evicted from Filed for bankrup Willfully or intent	n tenancy? o Yes o No	ue? o Yes o No	
Been evicted from Filed for bankrup Willfully or intent Comments:	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when di		
Been evicted from Filed for bankrup Willfully or intent Comments:	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when do		RELATIONSHIP:
Been evicted from Filed for bankrup Willfully or intent Comments:	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when di /E/CONTACT PERSON TO NOTIFY	IN EMERGENCY:	RELATIONSHIP:
Been evicted from Filed for bankrup Willfully or intent COMMENT NAME:	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when do  /E/CONTACT PERSON TO NOTIFY  ADDRESS:  ADDRESS:	IN EMERGENCY: PHONE:	RELATIONSHIP:
Been evicted from Filed for bankrup Willfully or intent Comments: CLOSEST RELATIV NAME:  RENT PAYMENTS ARE Thereby certify that the employed by Twin Oaks credit and/or financial in with copies of my rent understand(s) and agrapplicant(s) agree(s) the applicant(s) for any reas	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when do  /E/CONTACT PERSON TO NOTIFY  ADDRESS:  ADDRESS:  DUE ON THE FIRST OF EACH MONTH. A F above information is true to the best of my s Realty, to investigate the references or o responsibilities, criminal and background of all application and any other information p ree(s) that the landlord may terminate a nat landlord or landlord's agent shall have son not prohibited by law.	IN EMERGENCY:  PHONE:  PHONE:	RELATIONSHIP:  ANGED.  Ity or other investigative agentoersons of firm pertaining to provide my prospective landle as if so requested. Applicant misrepresentation made aborapective tenant, and to reject
• Filed for bankrup • Willfully or intent • Comments: • CLOSEST RELATIV  NAME:  NAME:  RENT PAYMENTS ARE I hereby certify that the employed by Twin Oaks credit and/or financial i with copies of my rent understand(s) and agrey applicant(s) agree(s) the applicant(s) for any reas	n tenancy? o Yes o No tcy? o Yes o No ionally refused to pay rent when do  /E/CONTACT PERSON TO NOTIFY  ADDRESS:  ADDRESS:  DUE ON THE FIRST OF EACH MONTH. A F above information is true to the best of my s Realty, to investigate the references or o responsibilities, criminal and background of all application and any other information p ree(s) that the landlord may terminate a nat landlord or landlord's agent shall have son not prohibited by law.	PHONE:  PHONE:  PHONE:  RO-RATED EARLY OCCUPANCY CAN BE ARR  knowledge. I hereby authorize Twin Oaks Rea ther data obtained from me or from any other p checks. I also authorize Twin Oaks Realty to p certaining to my credit or financial qualification iny rental agreement entered into for any re the right to determine the suitability of any res	RELATIONSHIP:  ANGED.  Ity or other investigative agencersons of firm pertaining to provide my prospective landle is if so requested. Applicant misrepresentation made above spective tenant, and to reject



## VERIFICATION OF RENTAL HISTORY

TO: LANDLORD/O	WNER:	Contact #
We are requesting verif	ication of rental history for the individual name	ed below, who states they are a present or former tenant.
Please complete the inf	formation and fax to: 330.835.3714	Thank you for your cooperation.
	I HEREBY AUTORIZE YOU TO	O RELEASE INFORMATION
	REGARDING MY TENANCY TO THE	INQUIRING LANDLORD/OWNER
	APPLICANT SIGNATURE	
	Landlord/Owner O	nly Fill Out Below Line
Rental history of		
Date moved in?	Moved Out?	Monthly Rent \$
Was rent paid on time?	P N	umber of times late?
What was included in r	rent?	
Number of persons in t	family?	Did they follow the rules?
Complaints by others (	explain)?	
Care of rental Unit:		
Any Damages?		Any Pets?
Overall rating as a tena	ant (good, fair, poor, explain)	
Would you rent to then	n again?	Did they give proper notice to vacate?
Did you return full sec	urity deposit? If not, why	
Title:	Phon	ne#: