

Office use only

South Wood Apartments
8140 South Wood Drive #202
Garrettsville, OH 44231
330-527-4150

APPLICATION FOR HOUSING - \$20.00 FEE
(Fee refunded with signed lease)

PERSONAL INFORMATION

Name _____ Maiden Name _____ SS# _____

Phone _____ Driver's License Number _____ State _____

Street Address _____

City _____ State _____ Zip _____

Employer Name _____ Employer Phone _____

Employer Address _____ Start Date _____

Full-time _____ Part-time _____ Position _____ Monthly Gross Income _____

Previous Employer (if at present job less than one year)

Any other source of income? _____

Have you ever been convicted of, pled guilty to, or received any intervention in lieu of a conviction for any unlawful act other than a traffic violation? _____

SPOUSE'S INFORMATION

Name _____ Maiden Name _____ SS# _____

Phone _____ Driver's License Number _____ State _____

Street Address _____

City _____ State _____ Zip _____

Employer Name _____ Employer Phone _____

Employer Address _____ Start Date _____

Full time _____ Part time _____ Position _____ Monthly Gross Income _____

Previous Employer (if at your present job less than one year)

Have you ever been convicted of, pled guilty to, or received any intervention in lieu of a conviction for any unlawful act other than a traffic violation? _____

PREVIOUS RENTAL HISTORY

Name of person last rented from _____ Phone _____

Address _____ Monthly Rent _____

Utilities You Paid _____ How long at this address _____

Reason for moving _____

Previous Landlord (if at this address less than 1 year)

HOUSEHOLD INFORMATION

Total Number of Persons to Occupy the Apartment _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

CHARACTER REFERENCES

Please provide the name and addresses of two non-relative references:

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

CREDIT CARDS AND LOANS (car, banks, department store, gas cards, student loans, etc.).

CURRENT MONTHLY EXPENSES (auto insurance, hospital insurance, child care, tuition, etc.).

Where did you hear about our apartments? _____

South Wood Apartments
8140 South Wood Drive #202
Garrettsville, OH 44231
Phone 330-527-4150
Fax 330-527-5173

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The owner and manager of South Wood Apartments may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize and consent to an investigation on all statements and information contained in this application by, South Wood Apartments about me (us) or my family that is pertinent to the rental of property owned and/or managed by the above organization.

Information Conveyed and or Inquiries may be made about:

- Credit History
- Criminal Activity for the last seven (7) years
- Employment/Income
- Residence and Rental History

Individual and or Organizations that may release information:

- Banks and other financial institutions
- Courts and Law enforcement agencies
- Credit Bureaus
- Employers, present and past
- Landlords, present and past
- Utility companies
- Providers of: Welfare, alimony, child care, child support, credit

Local Taxing Authority: In cities where a municipal income tax exists, we are obligated to release to the local taxing authority the names of all leaseholders.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by the above referenced organization.

Applicant Signature

Date

Applicant Signature

Date