



RENTAL APPLICATION

Property Location _____ Date _____

CONDITIONS OF OCCUPANCY

Lease Term _____ Mthly Rent \$ _____ Sec. Dep.\$ _____ Date Rent Begins _____ Utilities paid by Renter _____
 How many persons will be occupying apartment? _____ Unit Type _____ Apartment # _____ Move In Date _____ Move In Specials _____

APPLICANT INFORMATION

Name _____ Date of Birth _____ SS# _____ Telephone _____
 Current Address _____ City _____ State _____ Zip _____ Rent\$ _____ Length of Occupancy _____

Owner of Current Address _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____ Rent\$ _____ Length of Occupancy _____

Owner of Previous Address _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Present Employer _____ Employer's Address _____
 Position _____ Telephone _____ Gross Salary\$ _____ per _____ Length of Employment _____ Fulltime _____ Parttime _____

Previous Employer _____ Employer's Address _____
 Position _____ Telephone _____ Gross Salary\$ _____ per _____ Length of Employment _____ Fulltime _____ Parttime _____

Additional Income (child support, alimony, etc.)
 Source: _____ Amount: _____ per _____

CO APPLICANT INFORMATION

Name _____ Date of Birth _____ SS# _____ Telephone _____
 Current Address _____ City _____ State _____ Zip _____ Rent\$ _____ Length of Occupancy _____

Owner of Current Address _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____ Rent\$ _____ Length of Occupancy _____

Owner of Previous Address _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Present Employer _____ Employer's Address _____
 Position _____ Telephone _____ Gross Salary\$ _____ per _____ Length of Employment _____ Fulltime _____ Parttime _____

Previous Employer _____ Employer's Address _____
 Position _____ Telephone _____ Gross Salary\$ _____ per _____ Length of Employment _____ Fulltime _____ Parttime _____

Additional Income (child support, alimony, etc.)
 Source: _____ Amount: _____ per _____

AUTOMOBILES

Year _____ Make _____ Model _____ Color _____ License Plate # _____ State _____
 Year _____ Make _____ Model _____ Color _____ License Plate # _____ State _____

IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____
 Address _____ City _____ State _____ Zip _____

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OTHER INFORMATION

PETS

Do you have any pets? Yes No How Many? _____

TYPE OF PET

Cat: Declawed Yes No Neutered or Spayed? Yes No

Dog: what breed _____ Are they current on their shots? Yes No Weight: _____ lbs. when full grown.

Neutered or Spayed? Yes No

Have you, your spouse or any occupant ever been evicted from a leased premises? Yes No

If yes, please explain _____

Have you, your spouse or any occupant listed ever been convicted of a felony? Yes No

If yes, please explain _____

HOW DID YOU HEAR ABOUT US?

Newspaper _____ Internet _____ Drive By _____ Other _____ If referred, by whom _____

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any landlord, bank-or savings and loan, employer (present and former) and any Lender. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this Application will constitute default under the Rental Agreement between the parties. By Entering your name into the application fields of this digital application, you are legally signing this application and further authorizing the Woodbine Management Corporation to verify all of the information provided by applicant(s).

Applicant Date

Co-Applicant Date

Office use only

Application Taken By _____ Date _____ Amount Rec'd \$ _____ Security Deposit _____ Balance Due _____

Rental Application _____ Approved _____ Denied _____ Date Applicant Notified _____

If Denied, Reason _____

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