

APPLICATION TO LEASE

PLEASE PRINT

HOOVER GARDEN APARTMENTS, LTD.

HOW DID YOU LEARN ABOUT THESE APARTMENTS?

267 A Eddy Street

Newspaper Drive By Resident Phone Book Internet Other

Newark, OH 43055

Resident's name if resident referral: _____

Phone: (740) 345-2378

TYPE OF APARTMENT WANTED: 1-BR 2-BR Garden Townhouse

Fax: (740) 345-4293

FULL NAME

APPLICANT _____

DATE OF BIRTH _____ SOC SEC No _____

CELL PHONE _____

DRIVER'S LICENSE STATE/NUMBER _____

CO-APPLICANT _____

DATE OF BIRTH _____ SOC SEC NO _____

CELL PHONE _____

DRIVER'S LICENSE STATE/NUMBER _____

LIST ALL ADDITIONAL OCCUPANTS _____

DATE OF BIRTH _____ RELATIONSHIP _____

DATE OF BIRTH _____ RELATIONSHIP _____

DATE OF BIRTH _____ RELATIONSHIP _____

PRESENT ADDRESS

APPLICANT

HOME PHONE NUMBER _____

STREET _____

CITY, STATE, ZIP _____

LENGTH OF RESIDENCY _____ CURRENT RENT _____

REASON FOR MOVING _____

OWNER OR AGENT'S NAME _____

PHONE NUMBER _____

PREVIOUS ADDRESS IF LESS THAN THREE YEARS

STREET _____

CITY, STATE, ZIP _____

LENGTH OF RESIDENCY _____ RENT _____

REASON FOR MOVING _____

OWNER OR AGENT'S NAME _____

PHONE NUMBER _____

CO-APPLICANT

STREET _____

CITY, STATE, ZIP _____

LENGTH OF RESIDENCY _____ CURRENT RENT _____

REASON FOR MOVING _____

OWNER OR AGENT'S NAME _____

PHONE NUMBER _____

PREVIOUS ADDRESS IF LESS THAN THREE YEARS

STREET _____

CITY, STATE, ZIP _____

LENGTH OF RESIDENCY _____ ~~RENT~~ CURRENT RENT _____

REASON FOR MOVING _____

OWNER OR AGENT'S NAME _____

PHONE NUMBER _____

EMPLOYMENT Employed Full Time Employed Part Time Retired

Retirement Income if Applicable _____

APPLICANT

COMPANY _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

POSITION _____

HOW LONG _____ WEEKLY NET PAY _____

PREVIOUS IF LESS THAN ONE YEAR

COMPANY _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

POSITION _____

HOW LONG _____ WEEKLY NET PAY _____

CO-APPLICANT

COMPANY _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

POSITION _____

HOW LONG _____ WEEKLY NET PAY _____

PREVIOUS IS LESS THAN ONE YEAR

COMPANY _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

POSITION _____

HOW LONG _____ WEEKLY NET PAY _____

CREDIT INFORMATION

NAME ALL OPEN ACCOUNTS

TYPE

MONTHLY PAYMENTS

ACCOUNT NUMBER

Checking

Savings

Automobile

Credit Card

DO YOU HAVE ANY DELINQUENT CREDIT OBLIGATIONS WITHIN THE LAST THREE YEARS, EITHER DISPUTED OR NOT? Yes No

VEHICLES: Include campers, boats, trailers, motorcycles or any other vehicles

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PETS: Do you have any or intend to obtain any pets? Yes No

*NOTE: No dogs or snakes permitted on property. Up to 2 Cats are permitted with an additional deposit and monthly nonrefundable fee.

If yes, state Number _____ Kind _____ Breed _____ Age _____ Color _____ Height _____ Weight _____

NOTIFY IN CASE OF EMERGENCY:

NAME: _____	RELATIONSHIP _____
ADDRESS: _____	PHONE: _____
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	PHONE: _____
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	PHONE: _____
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	PHONE: _____

It is understood that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises. I, the undersigned, certify the above statements are true and correct and hereby authorize the owner or its agents to obtain my consumer credit report and verify any and all background information pertaining to me. If accepted as a resident, this application shall be incorporated in and made a part of the lease.

A deposit of \$ _____ Cash Check, has been received with this application and applicant agrees to lease beginning _____ with monthly installments of \$ _____ payable in advance on or before the first day of each rental month, for a minimum of one year. If application is approved and accepted, the applicant agrees to execute the lease after being notified or \$200.00 of the deposit shall be forfeited as liquidated damages. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of nonacceptance.

A charge of \$ _____ Cash Check is included herewith, which charge is paid for the purpose of verifying the information included on this application. I understand this charge is not, under any circumstances, to be returned to me.

Date: _____ Applicant: _____
(Signature)

Date: _____ Co-Applicant: _____
(Signature)

FOR OFFICE USE ONLY:

Accepted Rejected

Date Applicant Notified _____

Apartment Address: _____

Date Requested _____