

# Shaker Point Apartment Homes

## LEASE APPLICATION

Phone: (513) 367-4999

Fax: (513) 367-4959

Date \_\_\_\_\_ Apartment Type \_\_\_\_\_ Apartment Address \_\_\_\_\_ Apartment No. \_\_\_\_\_  
Tentative Move-in Date \_\_\_\_\_ Rent per Month \_\_\_\_\_ Security Deposit \_\_\_\_\_ Pet Deposit \_\_\_\_\_

### PLEASE PRINT

#### Resident Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Marital Status \_\_\_\_\_ Birth date \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State issued \_\_\_\_\_

Co-Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Marital Status \_\_\_\_\_ Birth date \_\_\_\_\_ Phone \_\_\_\_\_  
(Also list maiden name if applicable)

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State & No. \_\_\_\_\_

Children approved for occupancy or visitation:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

If divorced, will any children visit at anytime? \_\_\_\_\_ Length of time \_\_\_\_\_

Please fill out a separate application for each adult that will be residing in the apartment home

List any additional persons residing with you: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Employer \_\_\_\_\_ How long? \_\_\_\_\_

Birth Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_

#### Resident History

Present address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long \_\_\_\_\_ Own/Rent \_\_\_\_\_

Landlord's Name or Mortgage Holder \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous address \_\_\_\_\_ How long \_\_\_\_\_ Own/Rent \_\_\_\_\_

Landlord's Name or Mortgage Holder \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever broken a lease or been evicted?  No  Yes Why? \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes If yes Explain: \_\_\_\_\_

#### Employment Information

Present Employer \_\_\_\_\_

Name & Address \_\_\_\_\_

Phone No. \_\_\_\_\_

How Long \_\_\_\_\_  
Time on the job Net Monthly Income Position Immediate Supervisor  
Previous Employer \_\_\_\_\_  
Name & Address Phone No.

How Long \_\_\_\_\_  
Time on the job Net Monthly Income Position Immediate Supervisor  
Previous Employer \_\_\_\_\_  
Name & Address Phone No.

How Long \_\_\_\_\_  
Time on the job Net Monthly Income Position Immediate Supervisor  
Co-applicant's Employer \_\_\_\_\_  
Name & Address Phone No.

How Long \_\_\_\_\_  
Time on the job Net Monthly Income Position Immediate Supervisor

**Credit Information**

Bank \_\_\_\_\_  
Name Address Acct. No. Checking or Savings

Bank \_\_\_\_\_  
Name Address Acct. No. Checking or Savings

Loan \_\_\_\_\_  
Auto/Personal Name Address Acct. No. Monthly Payment Balance Due

Credit \_\_\_\_\_  
Card Name Address Monthly Payment Balance Due

Credit \_\_\_\_\_  
Card Name Address Monthly Payment Balance Due

Other \_\_\_\_\_  
Name Address Monthly Payment Balance Due

Do you pay or receive child support? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month do you pay or receive? \_\_\_\_\_  
I/We hereby certify that the above information represents all current monthly obligations. \_\_\_\_\_ (Initial) \_\_\_\_\_ (Initial)

**Other Information**

Auto Type/Year \_\_\_\_\_ License Number \_\_\_\_\_  
State

Auto Type/Year \_\_\_\_\_ License Number \_\_\_\_\_  
Do you own: \_\_\_\_\_ State

\_\_\_\_\_ Boat \_\_\_\_\_ Trailer/RV/Camper \_\_\_\_\_ Motorcycle \_\_\_\_\_ Commercial Truck/Van \_\_\_\_\_ Musical Instrument \_\_\_\_\_ Waterbed

**Emergency Contact**

In case of emergency contact:  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Applicants Consent

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Applicant hereby represents that the above information is true and correct.

It is my/our understanding that this application is preliminary only and involves no obligation of the owners or its agent to approve this application or to deliver occupancy of the proposed premises. The applicant(s) appearing below hereby authorize the holder of the lease application to investigate their past history of applicant(s) occupancy, history or any apartment community or dwelling, and whatever credit bureaus or other sources the apartment owner or agent deems necessary in determining approval of the application. Applicant(s) further agrees that if the application is rejected or canceled by management, for whatever reason, Thirty-Five Dollars (\$35.00) will be retained as a processing fee. If applicant is accepted the selected unit will be placed on hold for 72 hours, sufficient time for all appropriated leasing documents to be completed and processed.

Please read and understand this policy prior to signing this document. Keys will be furnished only after the lease and other rental documents have been accepted by all parties and only after applicable deposits have been paid.

Signature \_\_\_\_\_  
Applicant

Signature \_\_\_\_\_  
Applicant

\_\_\_\_\_  
MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
DATE