

**LEASE APPLICATION**

**Shaker Point  
Apartment Homes**

**Phone:1-513-367-4999**

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

**Resident Information**

**PLEASE PRINT**

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\_\_\_\_\_ 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 \_\_\_\_\_ State \_\_\_\_\_

Do you own: \_\_\_\_\_ 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

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. If this application is accepted by the owner or its agent, the deposit herewith paid will be applied to the total security deposit due.

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