

Type your information on this application and print. Bring the UNSIGNED application to the Community Management office, along with the application fee and most recent pay stub. Call for the fee amount.

Property code: \_\_\_\_\_

Application for address: \_\_\_\_\_

**Application for Rental  
PLAZA PROPERTIES, Inc.**

**If accepted as a resident, this application will become part of your lease. If this application is falsified in any manner, the Lease may become null and void at the discretion of Plaza Properties, Inc.**

How did you hear about us? \_\_\_\_\_ If Resident, Please give Name \_\_\_\_\_

Have you previously resided with Plaza Properties? If yes: Community \_\_\_\_\_ Address \_\_\_\_\_

**Applicant's full name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers license # \_\_\_\_\_ State \_\_\_\_\_ Marital Status \_\_\_\_\_  
**Spouse's full name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers license # \_\_\_\_\_ State \_\_\_\_\_

**Other occupants**

Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____

**Pet Information: Dogs are NOT PERMITTED at MANY of our properties (size and breed restrictions apply- see pet addendum)**

Do you have a pet? Yes  No  If yes, what type of pet: \_\_\_\_\_ Size: \_\_\_\_\_  
(lbs)

**Residential History**

**Present Address**  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Apartment Name \_\_\_\_\_ **or** Mortgage Holder \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Reason for moving \_\_\_\_\_

**Previous Address**  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Apartment Name \_\_\_\_\_ **or** Mortgage Holder \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Reason for moving \_\_\_\_\_

**PLEASE ANSWER BY CHECKING YES OR NO AND INITIAL**

Have you or your co-applicant ever been threatened with an eviction, received a notice to leave a rental property or a 3-day notice to leave, pursuant to Ohio Revised Code Section 1923.04, from a leased premises?

Yes  No  \_\_\_\_\_ initials Yes  No  \_\_\_\_\_ initials

Have you or your co-applicant ever been convicted of, or plead guilty or no contest to, any criminal offense(s) (other than a minor traffic violation) or had any criminal offense(s) disposed of other than by acquittal or finding of "not guilty"? Yes  No  \_\_\_\_\_ initials Yes  No  \_\_\_\_\_ initials

Have you or your co-applicant ever been convicted of a sexual offense that requires mandatory address registration with any Federal, State or Local law enforcement agency?

Yes  No  \_\_\_\_\_ initials Yes  No  \_\_\_\_\_ initials

Do you or your co-applicant have charges pending against you for any criminal offense(s)?

Yes  No  \_\_\_\_\_ initials Yes  No  \_\_\_\_\_ initials

If any of the four (4) questions listed above are marked "yes" please provide details and dates:

**Employment History Verification of income is required**

**Present Employer:**  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Employment Date \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor \_\_\_\_\_ **Net Monthly Income \$** \_\_\_\_\_

**Spouse's Employer**  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Employment Date \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor \_\_\_\_\_ **Net Monthly Income \$** \_\_\_\_\_

**Previous Employer**  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Employment Date \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor \_\_\_\_\_ **Net Monthly Income \$** \_\_\_\_\_

**Personal References**

**In case of emergency, contact:** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Please list 3 other personal references:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Credit Information:**

<b>Bank Name:</b> _____		<b>Branch:</b> _____	
Do you have a savings account? Yes <input type="checkbox"/> No <input type="checkbox"/>		Checking account ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Auto Loans:</b>			
Loan company: _____	Mo.Payment \$ _____	year _____	make/model _____
Loan company: _____	Mo.Payment \$ _____	year _____	make/model _____
<b>Name(s) Credit Cards:</b>			
1.) _____	3.) _____		
2.) _____	4.) _____		

Have you or your co-applicant ever declared bankruptcy? Yes  No  \_\_\_\_\_ initials Yes  No  \_\_\_\_\_ initials  
 If yes, please explain \_\_\_\_\_

**Vehicle Information:**

Year _____	Make/Model _____	Color _____	License tag # _____
Year _____	Make/Model _____	Color _____	License tag # _____

The management relies on the information given above to be complete and accurate in order to process your application in a timely manner. *Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application or grounds for an eviction action if later discovered to be false, misrepresented, inaccurate or incomplete information.* By signing the application you are authorizing the use of any credit reporting/screening agencies to verify credit and validate accuracy of all information recorded above. *Your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information for collection or skip tracing purposes.* I/We hereby deposit with the owner/agent the sum of \$ \_\_\_\_\_ as a holding deposit and \$ \_\_\_\_\_ as a non-refundable screening fee, on the premises listed below.

I/We understand that the holding deposit will be retained by the management if this application is approved and I accept the terms of the approval and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market.

I/ We acknowledge that the holding deposit will be returned if the application is not approved or if I/ we do not accept the terms of the approval, providing that all the above questions are answered correctly and truthfully.

I/We acknowledge that the holding deposit will be retained by management if management is not able to return and/or the deposit is not picked up within 30 days from the date indicated on this application. All personal checks will be marked VOID and returned/ or destroyed if not picked up within 30 days of the date indicate on this application.

Upon execution of the lease agreement the holding deposit will be applied towards the security deposit.

**THE SECURITY DEPOSIT MUST BE PAID IN FULL WITHIN 48 HOURS AFTER THE APPROVAL OF THE APPLICATION. THE DEPOSIT WILL BE NON-REFUNDABLE IF APPLICANT(S) DECIDES TO CANCEL HIS/HER APPLICATION AFTER BEING ACCEPTED.**  
**INITIALS** \_\_\_\_\_

IT IS UNDERSTOOD BY THE APPLICANT(S) THAT THIS APPLICATION IS PRELIMINARY ONLY AND INVOLVES NO OBLIGATION OF THE OWNER OR OWNER'S AGENT TO APPROVE THIS APPLICATION OR TO DELIVER OCCUPANCY OF AN APARTMENT.

**I/We understand that occupancy of the apartment is limited to persons identified on this agreement. I/We remain responsible for all occupants, guests and invitees to my apartment. Management shall have the right to terminate any lease if any occupant is not approved per this application. I/We warrant that all of the representations in this application are true and correct. I/We agree to submit to Lessor valid photo identification (such as a state driver's license or acceptable alternative).**

*In compliance with the Fair Credit Reporting Act, I/We understand that a consumer credit report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation requested may include information obtained through personal interviews concerning residence verification, marital status, number of dependants, employment, occupation, habits, reputation and mode of living.*

Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

**I acknowledge receipt of Lead Paint Disclosure information** \_\_\_\_\_ initials \_\_\_\_\_ initials

**Office Use Only**

Application taken by \_\_\_\_\_ Today's Date \_\_\_\_\_ Time \_\_\_\_\_

Community \_\_\_\_\_ Address: \_\_\_\_\_

Type Apartment \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Security Deposit \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Balance due \$ \_\_\_\_\_

Application Fee Collected \$ \_\_\_\_\_

Occupancy date: \_\_\_\_\_ Lease starting date: \_\_\_\_\_ Lease term: \_\_\_\_\_

Special Comments: \_\_\_\_\_