



Phone: 330.494.6596 Fax: 330.494.5186
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APPLICATION FOR RENTAL

*FOR SHAKERTOWN OFFICE USE ONLY								
Apartment	Type	Move In Date	Lease Term	Rent	Pet	Furniture	STF	Agent

NOTICE: All Adult Applicants (18 Years or Older) Must Complete A Separate Application for Rental

APPLICANT INFORMATION

Name: _____
(First) (M.I.) (Last)

SSN _____ - _____ - _____ **DOB** ____/____/____
(Month) (Day) (Year)

Telephone: (H) _____
 (Work) _____
 (Cell) _____

Email: _____

DR LIC# _____ (ST) _____

CURRENT ADDRESS

Address: _____
(Street) (City) (ST) (Zip)

Present Landlord: _____ **Telephone:** _____

Dates of Occupancy		Monthly Rent	Type of Structure		Reason For Leaving
From	To		<input type="checkbox"/> House	<input type="checkbox"/> Room	
			<input type="checkbox"/> Apartment	<input type="checkbox"/> Other	

PREVIOUS ADDRESS

Address: _____
(Street) (City) (ST) (Zip)

Present Landlord: _____ **Telephone:** _____

Dates of Occupancy		Monthly Rent	Type of Structure		Reason For Leaving
From	To		<input type="checkbox"/> House	<input type="checkbox"/> Room	
			<input type="checkbox"/> Apartment	<input type="checkbox"/> Other	

EMPLOYMENT RECORD FOR THE PAST FIVE (5) YEARS

Present Employer: _____

Address: _____
(Street) (City) (ST) (Zip)

From	How Long To	Occupation	Salary	Start Date	Telephone

Previous Employer: _____

Address: _____
(Street) (City) (ST) (Zip)

From	How Long To	Occupation	Salary	End Date	Telephone

1. Other Income Description	Monthly Income \$
2. Other Income Description	Monthly Income \$

OTHER OCCUPANTS

List Names and Birthdates of **ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER**

List Names and Birthdates of **ALL ADDITIONAL OCCUPANTS 18 YEARS OR YOUNGER**

PETS

Pets? Yes No **If So, Describe**

Please Initial: I understand that Dogs and Exotic pets are not permitted. _____

 I understand that one cat is permitted with a Signed Pet Agreement _____

 and NON REFUNDABLE \$200.00 Pet Fee is Paid. _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

BACKGROUND INFORMATION

Have you ever been evicted? Yes No Have you ever been convicted of anything other than a traffic violation? Yes No

Have you ever filed for Bankruptcy? Yes No

We DO NOT insure your personal property. Do you presently have personal property insurance? Yes No

VEHICLE INFORMATION

	Make and Model	Year	State	License
1				
2				

OTHER INFORMATION

How did you hear about Shakertown Apartments? _____

How many Apartment Communities did you look at before deciding to relocate to Shakertown? _____

Where did you look? _____

The undersigned warrants and represents that he/she has read this application and that all statements herein are true and agrees if accepted to execute upon presentation a lease agreement in the usual form and on the terms and conditions herein stated, which lease or agreement may be terminated by the lessor if any statement made herein is not true. Each applicant must approve this application.

Fair Credit Reporting Act Pre-Notification

This is to advise you that part of our procedures for processing your application may include an investigative report whereby information is obtained through personal interviews with third parties, such as business associates, financial sources or friends. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time for a complete disclosure of information concerning the nature and scope of the investigation. **YOUR RESERVATION DEPOSIT WILL NOT BE REFUNDABLE**, unless notification of cancellation of this application is made within 48 hours of viewing the apartment and signing the application.

Signature _____ Date: _____