

APPLICATION TO LEASE

PLEASE PRINT

HOW DID YOU LEARN ABOUT THESE APARTMENTS?

Newspaper Drive By Resident Phone Book Internet Other

Resident's name if resident referral: _____

TYPE OF APARTMENT : 2 BR TH (DATE WANTED _____)

HOOVER GARDEN APARTMENTS, LTD.

267-A Eddy Street · Newark, Ohio 43055

Phone: 740-345-2378 · Fax: 740-345-4293

Business Office:

1241-D Rivercrest Drive S · Delaware, Ohio 43015-3930

Phone: 740-363-5089 · Fax: 740-363-6405

Toll Free: 1-888-881-7466

FULL NAME

APPLICANT _____ DATE OF BIRTH _____ SOC SEC NO _____

DRIVER'S LICENSE STATE AND NUMBER _____

CO-APPLICANT _____ DATE OF BIRTH _____ SOC SEC NO _____

DRIVER'S LICENSE STATE AND NUMBER _____

LIST ALL ADDITIONAL OCCUPANTS _____ DATE OF BIRTH _____ RELATIONSHIP _____

PRESENT ADDRESS

STREET _____ HOME PHONE NUMBER _____

CITY, STATE, ZIP _____

OWNER OR AGENT'S NAME _____ PHONE NUMBER _____

LENGTH OF RESIDENCY _____ CURRENT RENT _____ REASON FOR MOVING _____

PREVIOUS ADDRESS IF LESS THAN THREE YEARS

STREET _____ CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

OWNER OR AGENT'S NAME _____ PHONE NUMBER _____

LENGTH OF RESIDENCY _____ REASON FOR MOVING _____

EMPLOYMENT Employed Full Time Employed Part Time Retired Retirement Income If Applicable _____

APPLICANT

COMPANY _____ PHONE _____ ADDRESS _____

SUPERVISOR _____ POSITION _____ HOW LONG _____ WEEKLY NET PAY _____

CO-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 _____

CREDIT INFORMATION

NAME ALL OPEN ACCOUNTS

TYPE

MONTHLY PAYMENTS

ACCOUNT NUMBER

_____ 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 vehicle.

MAKE

MODEL

YEAR

LICENSE NUMBER

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

If yes, state Number _____ kind _____ breed _____ age _____ color _____ height _____ weight _____

NOTIFY IN EMERGENCY

Relationship _____

Name & 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 \$25.00 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 _____