

LAKEPLACE APARTMENTS  
777 South 30<sup>th</sup> Street  
P.O. Box 2360  
Heath, OH 43056  
Ph: 740-522-CALL (2255)  
Fax: 740-522-6748  
Ken@PlazaGarden.com

APPLICATION FOR 17 \_\_\_\_\_ LAKEVIEW DR. APARTMENT \_\_\_\_\_.

A non-refundable fee of \$20.00 per individual, or \$30.00 for a married couple or two individuals has been tendered to Lakeplace Apartments as reimbursement for obtaining this credit report.

**APPLICANT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Drivers license or state ID # \_\_\_\_\_ ST. \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Present Address: \_\_\_\_\_ Name of Complex: \_\_\_\_\_  
Managers Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Name of Complex: \_\_\_\_\_  
Managers Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Drivers license or state ID # \_\_\_\_\_ ST. \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Present Address: \_\_\_\_\_ Name of Complex: \_\_\_\_\_  
Managers Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Name of Complex: \_\_\_\_\_  
Managers Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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**DEPENDANTS**

List all dependents that will be living with you.

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Please list the closest relatives, not living with you, that you wish to be notified in case of emergency, including "non payment of rent".

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Radio \_\_\_\_\_ Other \_\_\_\_\_  
If other, please specify: \_\_\_\_\_

THANK YOU FOR CHOOSING LAKEPLACE APARTMENTS FOR YOUR NEW HOME

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**AUTHORIZATION**

I/we authorize Lakeplace Apartments LLC to use any credit/screening agencies to validate accuracy of the above information. I/we also authorize previous and present employers and landlords to provide any of my/our personal information needed by Lakeplace Apartments LLC and/or any credit/screening agencies to determine my/our credit and/or my/our tenancy ratings. In the event I/we should default on my/our lease agreement, I/we further authorize Lakeplace Apartments LLC, as well as any credit/screening agencies, to exchange and/or access my/our credit information for purposes of collection or skip tracing.

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LANDLORD/MANAGER**

Would you re-rent to the above-signed applicant(s)? Yes \_\_\_ No \_\_\_ Has applicant(s) lease term expired? Yes \_\_\_ No \_\_\_ Was proper move out notice given? Yes \_\_\_ No \_\_\_ Please explain any NO's: \_\_\_\_\_

**Name and tile of person supplying information:**

**Print name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR MANAGER'S USE ONLY**

This application was approved \_\_\_\_\_

This application was disapproved for the following reason(s) \_\_\_\_\_

Applicant(s) was notified by: Letter \_\_\_\_\_ Form \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ In person \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_