

PLAZA GARDEN APARTMENTS LLC
961 GRAFTON ROAD
APT. 3
NEWARK, OH 43055
PH 740-366-1005 or 740-522-CALL (2255)
FAX 740-366-8833
Email: ken@plazagarden.com

APPLICATION FOR 9 _____ GRAFTON RD. APARTMENT _____.

A non-refundable fee of \$20.00 per individual, or \$30.00 for a married couple or two individuals has been tendered to Plaza Garden Apartments LLC 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: _____ Position: _____
Phone: _____-____-_____ 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: _____ Position: _____
Phone: _____-____-_____ 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 PLAZA GARDEN APARTMENTS FOR YOUR NEW HOME

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AUTHORIZATION

I authorize Plaza Garden Apartments LLC to use any credit/screening agencies to validate accuracy of the above information. I also authorize previous and present employers and landlords to provide any of my personal information needed by Plaza Garden Apartments LLC and/or any credit/screening agencies to determine my credit and/or my tenancy ratings. In the event I should default on my lease agreement, I further authorize Plaza Garden Apartments LLC, as well as any credit/screening agencies, to exchange and/or access my 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 title 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 was notified by: Letter _____ Form _____ Fax _____ Phone _____ In person _____

Manager: _____

Date: _____