

SHAWNEE PROPERTIES
2350 N COLE ST • LIMA, OHIO 45801
PHONE: 419-222-9367

Please fax application to 419-224-6121

APPLICANT INFORMATION
PLEASE PRINT CLEARLY

Address You Are Applying For

Today's Date: _____

Applicant: _____
First Middle Last

Employment/Income

Employer: _____

Employer Phone Number: _____

Position: _____ Pay Rate: \$ _____

How Are You Paid? (circle) Hourly Bi-Weekly Monthly

Length of Employment: _____ Average Hours: _____

Other Residents *Name* *Social Security Number* *Date of Birth*

- 1. _____
- 2. _____
- 3. _____

Rental History

Current Landlord: _____ Phone : _____

Current Rent Amount: _____

Current Address: _____

Phone: _____ Years: _____ Months: _____

Reason for Moving: _____

Previous Landlord: _____ Rent Amount: _____

Previous Address: _____

Phone: _____ Years: _____ Months: _____

Reason for Moving: _____

Personal References

Phone

Address

- 1. _____
- 2. _____
- 3. _____

Other than spouse of co-applicant, in case of an emergency call:

Name *Phone*

Address

License Number: _____ State: _____

Auto Make: _____ Model: _____ Year: _____

Have you ever been arrested?: _____ When?: _____ Where?: _____

Explain: _____

Have you ever been evicted?: _____ When?: _____ Where?: _____

Have you ever filed bankruptcy?: _____ When?: _____ Where?: _____

If you are accepted, when will you be able to move in?: _____

Will you be able to pay your security deposit on the day you are accepted?: _____

Utilities must be put into your name prior to taking possession.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE SHAWNEE PROPERTIES AND ITS THIRD PARTY AGENCY TO ACCESS MY (OUR) CREDIT FILE(S)

Applicant's Signature: _____

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STANDARD RELEASE FORM

Address of Rental You Are Applying For

I hereby authorize the release to **Shawnee Properties** information as needed concerning my employment, law enforcement involvement/contact, past and present housing and credit history. This release is to include all federal, state, county and local agencies as well as all credit reporting agencies.

I understand that **Shawnee Properties** intends to use this information as part of the screening process related to the renting or leasing or purchasing process and shall not be disclosed to any unnecessary parties.

Please Print

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

YOUR CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ DRIVER'S LICENSE #: _____

CELL PHONE NUMBER : _____

YOUR AGE TODAY: _____

Signature

Date

For Office Use Only:

CIVIL: _____

CRIMINAL: _____ CBT: _____

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STANDARD RELEASE FORM

To be filled out by Parent or Co-signer

Perspective Tenant Name: _____

I hereby authorize the release to **Shawnee Properties** information as needed concerning my employment, law enforcement involvement/contact, past and present housing and credit history. This release is to include all federal, state, county and local agencies as well as all credit reporting agencies.

I understand that **Shawnee Properties** intends to use this information as part of the screening process related to the renting or leasing or purchasing process and shall not be disclosed to any unnecessary parties.

Please Print

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

HOW LONG AT CURRENT ADDRESS: _____ DO YOU OWN OR RENT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESS (IF LESS THAN 1 YEAR): _____

PHONE NUMBER: _____ DRIVER'S LICENSE #: _____

EMPLOYER: _____ HOW LONG ON JOB: _____

EMPLOYER PHONE: _____ WORK PHONE: _____

SIGNATURE: _____ DATE: _____

For Office Use Only:

CIVIL: _____

CRIMINAL: _____ CBC: _____

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LETTER OF RESPONSIBILITY

To Whom It May Concern:

This letter is to serve as a letter of responsibility for _____,
who will reside at _____, Lima, Ohio.
This property is owned by Shawnee Properties.

This is a _____ bedroom, unfurnished apartment leased at \$ _____ per month. The
resident, _____ and their co-signer, _____ shall
be held jointly and severally responsible for all lease payments, late charges and any
damage above normal wear and tear for the entire time period that this resident resides
at property owned or controlled by Shawnee Properties.

Co-Signer Signature: _____

Address: _____

Co-Signer Phone Number: _____

Co-Signer Work Number: _____