

PRELIMINARY NON-BINDING APPLICATION

Owner's Management Company
25250 Rockside Road, Cleveland, Ohio 44146-1976

Community: REGENCY TOWERS APTS.
PHONE: (440) 845 4841
FAX: (440) 845 7370

HOUSEHOLD NAME _____

Address _____ Suite # _____ Bed/Bath _____ Date _____

Number of Occupants over 18 months of age: _____

No. of autos: _____ No. of garages: _____ Base monthly rent \$ _____

Garage \$ _____ Other \$ _____ Other \$ _____ TOTAL MONTHLY RENT \$ _____

Possession needed: _____ Lease term: _____ to _____

How did you hear about us _____ approved by : _____

(Note: All adults to occupy apartment must sign the lease.)

Are you or is anyone who is going to reside with you a registered sex offender? YES NO
Have you or anyone who will reside with you been convicted of a felony? YES NO
If yes, Offense _____ Release date _____
Currently on probation? YES NO until _____

COMBINED MONTHLY INCOME BEFORE TAXES OF ALL HOUSEHOLD MEMBERS\$ _____

Preliminary approval of this application is based only on the above information and does not mean you will be accepted for an apartment and in fact you may not initially qualify, if any of the boxes below are checked.

Final approval of any application may be denied and/or refused upon further investigation of household member's income, number of members in household, landlord references, credit check and/or criminal background investigation.

No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application or any other application shall not be construed as a lease or agreement.

I certify that above information is true and correct and I understand that a SECONDARY APPLICATION will be required to obtain final approval:

Applicant signature: _____ Date: _____

DO NOT COMPLETE ANY FURTHER UNTIL YOUR APPLICATION HAS BEEN PRELIMINIARLY APPROVED

Preliminary application shows that the number of household members exceeds Owner's Management's maximum for the unit size selected. Application will be sent to Corporate for further consideration

Preliminary application shows that the monthly household income is below Owner's Management standard. Application will be sent to Corporate for further consideration.

Preliminarily approved **Preliminarily denied**

by: _____ Date: _____ Time: _____

If the household's application is preliminarily approved; all household members age 18 or older, must complete a SECONDARY APPLICATION, listing all persons who will reside in the unit, as well as other details, and sign appropriate releases so that the information provided can be verified.

If the household's application was preliminarily denied; If the applicant wishes to complete a SECONDARY APPLICATION, Owner's Management Corporate will review the information to see if the application may be eligible for further consideration

Final approval and/or denial of all SECONDARY APPLICATIONS are made by Owner's Management corporate office.

_____ Security Deposit _____ Number of secondary applications to accompany this application
_____ 1st Month Rent
_____ Key Deposit
_____ Inspection Fee
_____ Other
_____ Total
_____ Amount Paid
_____ BALANCE DUE

SECONDARY APPLICATION

Owner's Management Company

25250 Rockside Road, Cleveland, Ohio 44146-1976
PHONE 440/439/3800

Community: REGENCY TOWERS APTS.

PHONE: (440) 845 4841

FAX: (440) 845 7370

HOUSEHOLD NAME _____

Address _____ Suite # _____ Bed/Bath _____ Date _____

APPLICANT: List all persons who will occupy the suite (note: All adults to occupy apartment must sign the lease.)

No.	NAME	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NO.	DATE OF BIRTH
1.		Applicant		
2.				
3.				
4.				
5.				
6.				

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ E-MAIL _____

Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has any landlord ever sued you for rent or possession? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or is anyone who is going to reside with you a registered sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you or anyone who will reside with you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Offense _____ Release date _____ currently on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO until _____	

RESIDENCE HISTORY (5 YEARS) , (if you need more room write on back of top copy of this application)

Present Address	Landlord/Lender <input type="checkbox"/> Rent <input type="checkbox"/> Own	Business Phone	How Long	Monthly Pmt.	Reason for Moving Lease Expires:
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				
Former Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own				

CREDIT REFERENCES

	INSTITUTION	BRANCH LOCATION	ACCOUNT #	BALANCE
CHECKING				
SAVINGS				

EMPLOYMENT (5 YEARS) (if you need more room write on back of top copy of this application) (provide current pay stub)

EMPLOYER NAME AND ADDRESS	YOUR POSITION	DATES MO/YEAR	SUPERVISOR	GROSS INCOME
present		FROM: TO:	PHONE:	
present/previous		FROM: TO:	PHONE:	
previous		FROM: TO:	PHONE:	

OTHER INCOME (I.E.: DISABILITY, PENSIONS, ASSET INTEREST, CHILD SUPPORT, ETC.) (provide documentation)

Source: _____	Monthly Income: _____
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IN CASE OF EMERGENCY - NOTIFY:

Name	Relationship	Home Phone	Work Phone
Address	City	State	Zip

AUTO(S)

Drivers License	State	
Make/Model/Color	Year	Plate # State
Make/Model/Color	Year	Plate # State

No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement. This application is made subject to Owner's approval. If this application is approved, the deposit made will be held as security for the performance of all terms and conditions of the Lease Agreement by the applicant. If this application is approved by Owner's and the applicant does not enter into a Lease Agreement, the deposit made shall not be refunded. In the event this application is not approved, the deposit will be refunded to the applicant and both parties shall have no further liability to each other.

Applicant specifically authorizes Owner's to obtain a credit check and a criminal background check on the undersigned, an investigative consumer report and to verify all of the above in any manner that Owner's deems necessary. Applicant's signature further releases all parties providing pertinent information to Owner's from all liability that may result from furnishing this information.

APPLICANTS SIGNATURE

DATE

TIME

Print applicant's full name: _____

Witnessed by: _____