

Apollo Property Management, LLC

10823 Mayfield Road • PHONE (440)286-7162 • FAX (440)286-7162

www.apollopropertymanagement.com

(Property Name _____)

PLEASE PRINT ON THIS APPLICATION

ALL APPLICANTS MUST SIGN AND DATE THE BOTTOM OF THIS APPLICATION

FOR OFFICE USE ONLY:

Deposit Received _____
Apartment # _____

Money Order # _____
Lease Term: _____

General Information

Applicant's Name _____ SS# _____
Current Address _____ Birthdate _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
How long have you lived at this address? _____
When does your present lease expire? _____
Previous Address _____
City _____ State _____ Zip _____
How long at this address? _____
Has any landlord ever sued you for rent or possession? _____
Have you ever been convicted of a felony? _____
Are you subject to any required registration for "sex crimes"? _____
How did you hear about our community? _____

List who will occupy this apartment: Please list Spouse or Co-applicant first if applicable.

Spouse or Co-Applicant

Name _____	ss _____	Birth date _____
Name _____	ss _____	Birth date _____
Name _____	ss _____	Birth date _____
Name _____	ss _____	Birth date _____

Employment (COMPLETE ONLY IF AN APPLICANT IS CURRENTLY EMPLOYED)

Applicant's Present Employer _____
Address _____ City/State/Zip _____ Phone _____
Your Position _____ Monthly Income _____
How long have you been employed here? _____ Other source of income? /mo _____
Previous employer _____ Dates of employment _____
Address _____ City/State/Zip _____ Phone _____
Your Position _____ Monthly income _____
 Spouse or Co-Applicant Employer
Address _____ City/State/Zip _____ Phone _____
Your Position _____ Monthly income _____
How long have you been employed here? _____ Other source of income? /mo _____

Credit References

Checking Account Number _____ Bank _____
Savings Account Number _____ Bank _____
Bank loan Monthly Payment \$ _____ Bank _____
Auto Loan(s) Monthly Payment \$ _____ Bank _____
Credit Card Type _____ Monthly Payment _____ Bank _____
Credit Card Type _____ Monthly Payment _____ Bank _____
Do you own or rent your place of residence? Own or Rent What is monthly Payment or Rent _____
Other _____ Company _____

Property Name: _____
 Applicant Name: _____

Personal References

Name _____	Phone _____
Name _____	Phone _____
Person we can contact in the case of an emergency _____	Phone _____
Name _____	Phone _____
Address _____	Relationship _____
How many motor vehicles will you have at residence? _____	
Make/Year/Color _____	License # _____
Make/Year/Color _____	License # _____

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 therefore. This application is made subject to Owner's approval. If this application is approved by the Owner 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. The thirty five dollar (\$35.00) Application Fee is not refundable.

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

"I hereby authorize Apollo Property Management LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. **I hereby expressly release Apollo Property Management LLC, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**"

\$ _____	Non-Refundable Application Fee		
\$ _____	Deposit Received		
\$ _____	Balance Due	_____	_____
\$ _____	First Month's Rent	_____	_____
\$ _____	Total Balance Due Upon Execution of Lease	_____	_____
Date Lease Typed _____		Leasing Agent _____	

Please fax or mail your completed application and applicable documents to the property you are applying for.

