

Corporate: Received Date: _____ Time: _____ Notified Manager Date: _____ Time: _____ Via: _____

NW Property Management LLC **330-597-9900** **www.nwpropertymgmt.com**

How did you learn about us? Sign Newspaper Internet Friend Other _____

Application for Admittance – Property Address: _____

For Manager Use Only

Number of adults: _____ Total Application Fee: _____ Paid with: Check MO Credit Card

Applying to: Rent Lot # _____ or Rent Park Owned Home at Lot # _____ or Rent Home at Address _____

Date of desired occupancy _____ **Proposed Rent Payment: \$** _____

EACH ADULT APPLYING FOR OCCUPANCY IN UNIT MUST COMPLETE APPLICATION AND **SUBMIT A \$35 APPLICATION FEE.**
PLEASE ALLOW 48-72 HOURS FOR APPROVAL.

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend greatly on your references.

ONLY RESPONSIBLE PEOPLE WHO PAY RENT ON TIME NEED APPLY

YOUR PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

SSN or Tax ID _____ - _____ - _____ Date of Birth ____/____/____ Email Address _____

Phone (____) _____ Current Driver's License # _____ State _____

Present Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment Name/Location _____ Phone (____) _____

Landlord/Manager Name _____ Current Rent \$ _____

Why are you leaving? _____

Previous Address _____ City _____ State _____ Zip _____

How Long? _____ If renting Apartment Name/Location _____ Phone (____) _____

Landlord/Manager Name _____ Amount Per Month: \$ _____

Why did you leave? _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (____) _____ Supervisor _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Previous employer _____ Position _____ How long? _____

Why did you leave? _____ Phone (____) _____

Applicant #1: Credit SCORE: # _____ OR Excellent / Good / Poor **App #2: Credit SCORE:** # _____ OR Excellent / Good / Poor

Do you receive assistance for any household costs or utilities? (Optional) _____

Amount \$ _____ Source _____

SPOUSE/ROOMMATE PERSONAL INFORMATION
(All Individuals Over the Age of 18 Must Complete Application)

Last Name _____ First Name _____ Middle Name _____

SSN or Tax ID _____ - _____ - _____ Date of Birth ____/____/____ Phone (____) _____

Email Address _____ Current Driver's License # _____ State _____

Present Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone (____) _____

Landlord/Manager name _____ **Current Rent \$** _____

Why are you leaving? _____

Previous Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone (____) _____

Landlord/Manager name _____ **Amount Per Month:** _____

Why did you leave? _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Previous employer _____ Position _____ How long? _____

Why did you leave? _____ Phone (____) _____

Do you receive assistance for any household costs or utilities? (Optional) _____

Amount \$ _____ Source _____

OTHER OCCUPANTS

You must list all other persons who will live in the dwelling unit, include children. **Any persons 18 and over must complete personal information portion on page 1.**

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

***PETS**

***NOTE: No pets are allowed at any time on the premises without prior Management consent, and NO PETS OVER 30 POUNDS ARE ALLOWED, NO EXCEPTIONS. If pets are found on the premises without approval, they will be required to leave.**

1) Name _____ Type _____ Weight _____

2) Name _____ Type _____ Weight _____

PERSONAL HISTORY

Have you ever been evicted? YES NO

If yes, explain _____

Have you ever had a foreclosure / repossession? Yes No

If yes, explain _____

Have you ever filed for bankruptcy? Yes No Chapter 7 Chapter 13

If yes, explain _____

Have you ever been convicted of a crime, other than a traffic violation? Yes No

If yes, explain _____

PERSONAL REFERENCES List 4 persons, OTHER THAN YOUR RELATIVES, that we may contact to verify your character.

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

EMERGENCY List 2 emergency contacts, starting with nearest relative first.

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

LIST ALL MOTOR VEHICLES, TO BE KEPT AT THE PROPERTY (NO RECREATIONAL VEHICLES ALLOWED)

MAKE	COLOR	MODEL	YEAR	LICENSE PLATE #	STATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I declare that this application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Applicant's Authorization Date

Co-Applicant's Authorization Date

For Office Use Only

Status:
Date:
Notes: