

Office use only

South Wood Apartments  
8140 South Wood Drive #202  
Garrettsville, OH 44231  
330-527-4150

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR HOUSING - \$20.00 FEE**  
**(fee refunded with signed lease)**

**When returning application please bring photo ID and most current pay stubs.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ SS# \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_ Start Date \_\_\_\_\_

Employer Address \_\_\_\_\_ City & State \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Position \_\_\_\_\_ Monthly Net Income \_\_\_\_\_

Previous Employer (if at present job less than one year)  
\_\_\_\_\_

Any other source of income? \_\_\_\_\_

Have you ever been convicted of, pled guilty to, or received any intervention in lieu of a conviction for any unlawful act other than a traffic violation? \_\_\_\_\_

**SPOUSE'S INFORMATION**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ SS# \_\_\_\_\_

Address same as above? \_\_\_\_\_ Driver's License Number \_\_\_\_\_ DOB \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_ Start Date \_\_\_\_\_

Employer Address \_\_\_\_\_ City & State \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Position \_\_\_\_\_ Monthly Net Income \_\_\_\_\_

Previous Employer (if at your present job less than one year)  
\_\_\_\_\_

Have you ever been convicted of, pled guilty to, or received any intervention in lieu of a conviction for any unlawful act other than a traffic violation? \_\_\_\_\_

**PREVIOUS RENTAL HISTORY**

Fax \_\_\_\_\_

Name of person last rented from \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Utilities You Paid \_\_\_\_\_ Moved in \_\_\_\_\_ Moved out \_\_\_\_\_

Reason for moving \_\_\_\_\_

Previous Landlord (if at this address less than 1 year)

\_\_\_\_\_

**HOUSEHOLD INFORMATION**

Total Number of Persons to Occupy the Apartment \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**CHARACTER REFERENCES**

Please provide the name and addresses of two non-relative references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**CREDIT CARDS AND LOANS** (car, banks, department store, gas cards, student loans, etc.).

\_\_\_\_\_

\_\_\_\_\_

**CURRENT MONTHLY EXPENSES** (auto insurance, hospital insurance, child care, tuition, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about our apartments? \_\_\_\_\_

**South Wood Apartments**  
**8140 South Wood Drive #202**  
**Garrettsville, OH 44231**  
**Phone 330-527-4150**  
**Fax 330-527-5173**

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The owner and manager of South Wood Apartments may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize and consent to an investigation on all statements and information contained in this application by, South Wood Apartments about me (us) or my family that is pertinent to the rental of property owned and/or managed by the above organization.

Information Conveyed and or Inquiries may be made about:

- Credit History
- Criminal Activity for the last seven (7) years
- Employment/Income
- Residence and Rental History

Individual and or Organizations that may release information:

- Banks and other financial institutions
- Courts and Law enforcement agencies
- Credit Bureaus
- Employers, present and past
- Landlords, present and past
- Utility companies
- Providers of: Welfare, alimony, child care, child support, credit

Local Taxing Authority: In cities where a municipal income tax exists, we are obligated to release to the local taxing authority the names of all leaseholders.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by the above referenced organization.

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Applicant Signature

Date

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Applicant Signature

Date