

Parkside Village Apartments

101 Brookside Drive
Dover, Ohio 44622
Phone (330) 364-4454

Application for Residency

Applicant

Full Name (Last) _____ (First) _____ (MI) _____

Date of Birth _____ Gender _____ Marital Status _____

Home Phone _____ Cell phone _____

Social Security Number _____ Driver's License _____

How did you hear about us? _____

Email _____

List others who will reside in apartment on a permanent basis.

Full Legal Name	Social Security Number	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residency Information

Present Address: _____ Apt# _____ Phone _____

City _____ State _____ Zip _____

Monthly Payment \$ _____ Rent or Own? _____ Dates _____ to _____

Landlord/Lender _____ City _____ State _____

Phone (____) _____

Previous Address: _____ Apt# _____ Phone _____

City _____ State _____ Zip _____

Monthly Payment \$ _____ Rent or Own? _____ Dates _____ to _____

Landlord/Lender _____ City _____ State _____

Phone (____) _____

Employment Information

Current Employer

Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Employment Date: From _____ to _____
Title _____ Gross Annual Salary \$ _____
Supervisor Name _____ Phone (____) _____

Previous Employer

Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Employment Date: From _____ to _____
Title _____ Gross Annual Salary \$ _____
Supervisor Name _____ Phone (____) _____

Other Income

Type of Income	Source/Bank	Gross Annual Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relative/Emergency Contact (Not residing With You)

1. Name _____ Relationship _____
 Home Phone Number (____) _____
 Cell Phone Number (____) _____
 Work Phone Number (____) _____
 Address _____

2. Name _____ Relationship _____
 Home Phone Number (____) _____
 Cell Phone Number (____) _____
 Work Phone Number (____) _____
 Address _____

3. Name _____ Relationship _____
 Home Phone Number (____) _____
 Cell Phone Number (____) _____
 Work Phone Number (____) _____
 Address _____

Vehicles

Make	Model	Color	License#	State	Year

Pets

Name	Type	Gender	Weight	Breed	Color	Age

Any unanswered "yes" or "no" questions shall result in the denial of your application.

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?
_____ YES _____ NO

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? _____ YES _____ NO

Have you or any member of your household ever been on a registry of sexual offenders?
_____ YES _____ NO

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense? _____ YES _____ NO

Are you or any member of your household a Specially Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism or is involved in international narcotics trafficking? _____ YES _____ NO

If yes to any of the above questions, please explain, providing the location, date and nature of the offense:

I have read the foregoing, certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of including approval of this application on my behalf.

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any "yes" response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/ or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home), I understand that Landlord may terminate the Lease. The \$50 Application is not refundable. The \$600.00 Security deposit will not be refunded if you choose not to take the apartment.

Signature _____

Print Name _____

Date _____

Management Signature _____

Date _____