



PARKVIEW PLACE APARTMENTS
38185 and 38153 Erie Rd, Willoughby, Ohio 44094

All occupants over the age of 18 must be listed as an applicant and complete a separate rental application. All occupants intended to be in the household should be included in the designated space below. All applicants over the age of 18 will be screened for criminal and eviction history. Applicants reflecting eviction, landlord, or utility collections may be declined. Applicants reflecting criminal history that does not meet our criteria may be declined. This is not a guarantee or representation that an occupant residing in our community has not been charged with or convicted of a crime. Additionally, the gross monthly income of the applicant/co-applicants must be at least 3 times the contract rent, or the applicants/co-applicants may be declined. Please submit all household members' IDs, Social Security Cards, Birth Certificates, and 4-6 recent paystubs, or form of income.

APPLICANT NAME: LAST FIRST MI

MAILING ADDRESS: ADDRESS & APT NUMBER CITY STATE ZIP CODE

HOME PHONE# () CELL PHONE# ()

WORK PHONE# () EMAIL ADDRESS:

Driver's License Number and State:

Have you been known by any other name? NO YES If yes, what?

Have you ever been convicted of any criminal offense? NO YES
If yes, offense: Date: Month & Year:

Is anyone in your household an honorably discharged Veteran, or a First Responder? NO YES

Does your household have or anticipate having any pets (other than service animals)? NO YES

There is an additional deposit of \$250.00 for pets.



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HOUSEHOLD MEMBERS

START WITH YOURSELF: LIST ALL MEMBERS WHO WILL BE RESIDING WITH YOU IN THE UNIT. ALL HOUSEHOLD MEMBERS NEED TO HAVE SOCIAL SECURITY NUMBERS AND DATES OF BIRTH ON APPLICATION.

LAST NAME	FIRST NAME	BIRTH DATE	SOCIAL SECURITY NUMBER



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EMPLOYMENT/INCOME INFORMATION

FOR YOURSELF: PLEASE LIST ALL OF YOUR SOURCES OF INCOME AND PLEASE PROVIDE DOCUMENTATION OF INCOME, I.E. 2-4 RECENT PAYSTUBS, BENEFIT AWARD LETTER, ETC.

SOURCE OF INCOME	GROSS MONTHLY AMOUNT

RESIDENTIAL HISTORY

Starting with your current address, please list your previous 3 addresses in chronological order. Include all of the requested information, including your landlord's name, address and contact information.

(1) Present Address: _____

City, State, Zip: _____

Dates resided at this address: _____

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____



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(2) Previous Address: _____

City, State, Zip: _____

Dates resided at this address: _____

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

(3) Previous Address: _____

City, State, Zip: _____

Dates resided at this address: _____

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____



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PERSONAL REFERENCE

Please list a personal reference other than a relative.

Name: _____

Address: _____

City, State, Zip: _____

Relationship: _____ Phone: _____

Length of Relationship: _____

VEHICLE INFORMATION

Please list vehicle information for all vehicles that are owned or operated by any household member.

Tag/License Plate #

State Issued

Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

EMERGENCY CONTACT

Please list someone in the area that is not already on the application.

Name: _____

Address: _____

City, State, Zip: _____

Relationship: _____ Phone: _____



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Authorization:

I certify that the statements above are true and complete to the best of my knowledge and belief. I understand that false statements of information may result in my application being denied are punishable under Federal Law. I understand that Lake Metropolitan Housing Authority manages the Parkview Place Apartments and I grant permission and authorization to Lake Metropolitan Housing Authority to conduct an investigation and reference check into my past and current activities. I grant permission and authorization to Lake Metropolitan Housing Authority to obtain full information on any and all records deemed necessary to establish my eligibility. I understand that this information will be used solely for the purpose of determining my eligibility and that if the application or required documentation is incomplete or application unsigned, the application will not be processed.

I also understand that Lake Metropolitan Housing Authority requires a background investigation of criminal and eviction history be conducted on each applicant 18 years of age and over. The objectives of the investigation are to verify applicant eligibility.

By my signature below, I _____, give permission and authority to Lake Metropolitan Housing Authority to conduct an investigation that may include, but is not limited to, information that will be obtained through Online Rental Exchange tenant screening services as to my personal criminal records, eviction records and other information contained in public records. I understand that Lake Metropolitan Housing Authority will consider all credible evidence, including but not limited to, any record of convictions, arrests, or evictions of household members related to violent criminal activity, use of illegal drugs, or the abuse of alcohol.

I hereby release all persons, companies, corporations, schools, or individuals from all liability and responsibility that may result from providing Lake Metropolitan Housing Authority with such information as requested.

If I am not housed due to information contained in the background screening report, I will be notified in writing and provided the specific reasons for the proposed denial and given the opportunity to dispute the information.

WARNING:

Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Applicant's Signature: _____ **DATE:** _____

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. Lake MHA complies with all applicable federal, state, and local laws governing housing practices and does not discriminate on the basis of any unlawful criteria. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Lake Metropolitan Housing Authority.



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