

THE MILTON APARTMENTS

1533 Superior Avenue, Cleveland OH 44113

living@themiltoncle.com

PERSONAL - APPLICANT

Property Address: _____

Applicant Full Name: _____ Soc. Sec. #: _____

Date of Birth: _____ Drivers License#: - _____ State: _____ or State ID#: _____ State: _____

RESIDENCY

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Current Home Phone #: _____ Work #: _____ Ext _____

Cell Phone #: _____ E-Mail: _____ Check Preferred Method of Contact

Do you Own Rent at this Address: _____ Current Rent/Mortgage: \$ _____ Dates of Residency: _____ to _____

Name of Apartment Building and/or Landlord: _____

Landlord Phone #: _____ Reason for Moving: _____

Previous Landlord Name: _____

EMPLOYMENT AND INCOME

 Please check applicable employer status.

Future Employer: _____

Current Employer: _____ Position: _____ Dates of Employment: _____ to _____

Address: _____ City/State/Zip Code: _____

Work #: _____ Fax #: _____ Gross Monthly Income: _____

Current Employer: _____

Current Employer: _____ Position: _____ Dates of Employment: _____ to _____

Address: _____ City/State/Zip Code: _____

Work #: _____ Fax #: _____ Gross Monthly Income: _____

Have you ever been Sued, Garnished, Evicted or filed Bankruptcy? Yes No

Have you or any person who will reside with you in the apartment ever been convicted of a felony? Yes No

If yes, please provide date and place of conviction, nature of offense, sentence and dates of incarceration if any on the back of this Application.

Have you or any person who will reside with you in the apartment ever been convicted of or plead guilty to a "sexually-oriented offense" or been required to register with a designated law enforcement official pursuant to Ohio Revised Code 2950.01 ET. Seq., or been determined to be a "sexual predator" or a "sexually-oriented offender" with the meaning of Ohio Revised Code 2950.01 ET. Seq.? Yes No

MINORS: 0-17 YEARS OF AGE

Name: _____ Relationship to Resident: _____ Date of Birth: _____

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AUTO INFORMATION:

Make/Model: _____ Year: _____ License #: _____



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PET INFORMATION

Kind of Pet: _____ Breed: _____ Weight: _____ Age: _____ Name: _____

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EMERGENCY CONTACT INFORMATION: In case of an emergency, notify (preferably) a relative not living with you.

Names: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Work #: _____ Relationship: _____

Names: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Work #: _____ Relationship: _____

** If you become seriously ill or die, you authorize the person listed above to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms and common areas.

I hereby apply to lease the PROPERTY indicated on this Rental Application (APPLICATION). Approval of this APPLICATION takes a minimum of one (1) to three (3) business days.

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

I hereby authorize (Geis 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 (Geis 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.**

**APPROVAL SUBJECT TO SATISFACTORY EMPLOYMENT, RESIDENCY, CRIMINAL HISTORY AND CREDIT VERIFICATION.
(Rental Application required for all prospective residents ages 18 and over)**

Applicant Signature

Date

Authorized Representative Signature

Date

Applicant Signature

Date

Authorized Representative Signature

Date

