

# Apollo Property Management, LLC

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www.apollopropertymanagement.com

(Property Name \_\_\_\_\_)

PLEASE PRINT ON THIS APPLICATION

ALL APPLICANTS MUST SIGN AND DATE THE BOTTOM OF THIS APPLICATION

**FOR OFFICE USE ONLY:**

Deposit Received \_\_\_\_\_

Apartment # \_\_\_\_\_

Money Order # \_\_\_\_\_

Lease Term: \_\_\_\_\_

**General Information**

Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

When does your present lease expire? \_\_\_\_\_

Previous Address \_\_\_\_\_

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

How long at this address? \_\_\_\_\_

Has any landlord ever sued you for rent or possession? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Are you subject to any required registration for "sex crimes"? \_\_\_\_\_

How did you hear about our community? \_\_\_\_\_

List who will occupy this apartment: Please list Spouse or Co-applicant first if applicable.

Spouse or  Co-Applicant

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

**Employment (COMPLETE ONLY IF AN APPLICANT IS CURRENTLY EMPLOYED)**

Applicant's Present Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_ Other source of income? /mo \_\_\_\_\_

Previous employer \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly income \_\_\_\_\_

Spouse or  Co-Applicant Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly income \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_ Other source of income? /mo \_\_\_\_\_

**Credit References**

Checking Account Number \_\_\_\_\_ Bank \_\_\_\_\_

Savings Account Number \_\_\_\_\_ Bank \_\_\_\_\_

Bank loan Monthly Payment \$ \_\_\_\_\_ Bank \_\_\_\_\_

Auto Loan(s) Monthly Payment \$ \_\_\_\_\_ Bank \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Bank \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Bank \_\_\_\_\_

Do you own or rent your place of residence?  Own or  Rent What is monthly  Payment or  Rent \_\_\_\_\_

Other \_\_\_\_\_ Company \_\_\_\_\_

Property Name: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Person we can contact in the case of an emergency \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 How many motor vehicles will you have at residence? \_\_\_\_\_  
 Make/Year/Color \_\_\_\_\_ License # \_\_\_\_\_  
 Make/Year/Color \_\_\_\_\_ License # \_\_\_\_\_

No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement therefore. This application is made subject to Owner's approval. If this application is approved by the Owner and the applicant does not enter into a Lease Agreement, the deposit made shall not be refunded. In the event this application is not approved, the deposit will be refunded to the applicant and both parties shall have no further liability to each other. The thirty five dollar (\$35.00) Application Fee is not refundable.

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

“I hereby authorize Apollo 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 Apollo 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.**”

\$ _____ Non-Refundable Application Fee		
\$ _____ Deposit Received	Applicant's Signature	Date
\$ _____ Balance Due		
\$ _____ First Month's Rent	Spouse or Co-Applicant's Signature	Date
\$ _____ Total Balance Due Upon Execution of Lease	Leasing Agent	
Date Lease Typed _____		

**Please fax or mail your completed application and applicable documents to the property you are applying for.**

