

# Robinwood Apartments

## RENTAL APPLICATION

<b>SUITE APPLIED FOR</b>	Move In Date
Street Address	Suite No. Monthly Rent

APPLICANT			SPOUSE/ROOMMATE		
Birth date	SSN		Birth date	SSN	
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
Present Landlord			Present Landlord		
Contact Name			Contact Name		
Phone Number			Phone Number		
Rent \$	How Long		Rent \$	How Long	
Previous Address			Previous Address		
City	State	Zip	City	State	Zip
Drivers License #	State Issued		Driver's License #	State Issued	

EMPLOYMENT INFORMATION					
Employed by			Employed by		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Position		Phone	Position	
Income	How Long		Income	How Long	
Supervisor	Phone		Supervisor	Phone	
Previous Employer			Previous Employer		

No. of Children \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Other Adults Occupying Apt. Name \_\_\_\_\_ Relationship \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Pets Type \_\_\_\_\_ Size/Weight \_\_\_\_\_

REFERENCES	Credit
Autos	Year Make Color Mo. Pyt.
	Year Make Color Mo. Pyt.

**NOTICE**  
 I hereby certify that this information is correct. I authorize Robinwood Realty Partners to contact my references and obtain a credit report on myself through the credit reporting agency of its choice. If an adverse decision is made due totally or partially to the information on the credit report, Robinwood Realty Partners will give me a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them if I wish.  
 Application deposits shall not be refunded if application is cancelled for any reason by the applicant.

X  \_\_\_\_\_  X  \_\_\_\_\_  
 Date of Application \_\_\_/\_\_\_/\_\_\_ Application Fee Paid \_\_\_\_\_ FCRA Summary of Rights Received  Initials \_\_\_\_\_  
 Approved  Denied  Check  Cash

Robinwood Realty Partners, P.O. Box 984, Cuyahoga Falls, OH 44223  
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