



800 West Maple Street
Hartville, OH 44632
Phone 330-877-2525
Fax 330-877-3198
LakeRealtyProperties.com

Rental Application

Anticipated move-in date _____ Apt. location _____
Monthly rent _____ Security Deposit _____

Personal Information

Full name _____ Home phone _____
Date of birth _____ Social Security Number _____ Cell phone _____
Email address (optional) _____
Co-applicant name _____ Home phone _____
Date of birth _____ Social Security Number _____ Cell phone _____
Email address (optional) _____

Rental History

Current Address _____ City _____ State _____ Zip _____
Move-in date _____ Reason for leaving _____
Monthly Rent \$ _____ Landlord _____ Phone _____
Previous Landlord _____ Phone _____

Employment Information

Status: Full time _____ Part time _____ Other _____
Employer _____ Phone _____
Position _____ Salary per month \$ _____
Supervisors name _____ Dates employed _____

Co-Applicant Employment Information

Status: Full time _____ Part time _____ Other _____
Employer _____ Phone _____
Position _____ Salary per month \$ _____
Supervisors name _____ Dates employed _____

Additional Information

Number of people occupying apartment _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Driver's license number _____ State _____
Driver's license number co-applicant _____ State _____
Vehicle make/model _____ Year _____ License plate # & state _____
Vehicle make/model _____ Year _____ License plate # & state _____

The above information, to the best of my knowledge, is true and correct.

Applicant

Date

Co-Applicant

Date

Application fee \$25.00 Non-refundable



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Authorization To Release Information

To Whom It May Concern:

I have made application for rental with Lake Realty. As part of the application process, Lake Realty may verify rental history with my/our previous landlord, may verify employment with my/our employer, and obtain my/our credit history through reporting credit bureaus.

A photo or fax copy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original. The original signed form is maintained in the office of Lake Realty.

Applicant's Signature

Print Name

Date

Co-Applicant's Signature

Print Name

Date

Lake Realty
Representative

Print Name

Date

Landlord Verification

Employment Verification

Dates applicant rented from you _____ Applicant's job title _____

Monthly rent amount _____ Timely pay? y / n Full time position? y / n Permanent? y / n

Payment record? Good / fair / poor
week _____

Salary per

Did applicant receive full security deposit back? y / n

How long has applicant been employed? _____

Why not? _____

Name of person providing information and

Did applicant break any rules, regulations, or do damage? y / n title _____

Did you serve court summons or evict applicant? y / n

Date _____

Name of person providing information and title

Date _____



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REPORT REQUEST FORM
CBC Innovis Specialized Services

P.O. Box 771176. Houston, Tx 77215
Phone: 1-800-324-3681 Fax: 1-800-324-4595
Local phone: 281-504-2749 Local fax: 281-504-2754

Client/Customer Number: _____ Contact Person: _____

Client/Customer Name: Lake Realty

Address: 800 West Maple St Hartville, OH 44632

Phone: 330-877-2525 Fax: 330-877-3198

(Please check desired services)

Credit X Crim/Conviction Report _____ Prop Record/Eviction Report _____
(Date of Birth Required) (Date of Birth Required)

Fax Back X Mail Back _____

(Please include complete City, State, and Zip Code)

PRINT ONLY:

Applicant Name: _____ DOB _____

Address: _____
CITY ST ZIP

Former Address: _____

Social Security Number: _____ County: _____

Employer: _____

(IF joint report, please give co-applicant information)

Co-Applicant Name: _____ DOB _____

Address: _____
(If different than above address) CITY ST ZIP

Former Address: _____

Social Security Number: _____ County: _____

Employer: _____

I authorize Lake Realty to obtain a copy of my credit and/or conviction, eviction report.

Applicant's Signature

Date

Co-Applicant's Signature

Date



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REQUEST FOR A REASONABLE ACCOMMODATION

If you need:

- a change in our policies or procedures
- a repair or change in your apartment
- a repair or change to some other part of the property
- a change in the way we communicate with you

because of a disability, you may ask for this change, which is called a "reasonable accommodation."

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you need.

We will make every effort to render a decision within thirty (30) business days.

We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information. Please advise us if you need help in using the form, or if you wish to receive this Request Form in an alternative format to meet your communication needs.

REQUEST FOR A REASONABLE ACCOMADATION

The following member of my household has a disability:

Please provide this reasonable accommodation (specify accommodation(s)):

I need this reasonable accommodation because:

Date: _____

Name: _____

Address: _____

Telephone: _____