



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 \_\_\_\_\_  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_

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.

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Applicant \_\_\_\_\_ Date \_\_\_\_\_

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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.

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Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Co-Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Lake Realty Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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**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 \_\_\_\_\_ Salary per week \_\_\_\_\_

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**

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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**

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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: \_\_\_\_\_