

PRELIMINARY RENTAL APPLICATION

12400 Madison Ave. Lakewood, OH 44107 (P) 216-226-7575 (F) 216-226-9309 (TTY) 800-750-0750

Date Received	Time Received
	For Office Use Only

NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
AGE:DATE OF BIRTH:		SOCIAL SECU	RITY#:	
Please list full name, date of birth, and social second	urity number of anyone else t	hat will be living in the a	apartment with you:	
How long have you lived at the address above?			Do you OwnRer	nt
Please list your previous address:				
Please list all states in which you or members of	the household have everlived	:		
Total GROSS Monthly Household Income		(this in	cludes pensions, social security, SSI, employment, Ann	nuities, etc)
Are all members of your household agreeable to previous landlords YESNO	a background check for scree	ening purposes which w	ill involve arrest records, evictions, and recommendation	ons from
Are any members of the household subject to a	lifetime registration requirem	ent under a state sex of	fender registration program? YESNO	_
Are any members of the household currently par	t- or full-time students YES	NO		
Have any members ever been convicted of a fe	elony YESNO			
Have any members of the household ever beer	n evicted or had a rent subside	y terminated? YES	_NO	
Do you have a physical mobility disability and b	pelieve you would benefit fror	m an ADA apartment? Y	resNO	
Please indicate how you heard about Fedor Ma	inor Apartments			
IF YOU ANSWER YES TO ANY OF THE	FOLLOWING QUESTIONS PLE	EASE USE THE BACK OF	THIS APPLICATION TO PROVIDE DETAILED INFORMATI	ON
false statements on the Preliminary Application tandards may result in the rejection of this and a	n relating to residency histor any future application of hou landlords. Your signature bel	y, income, or assets and sing. You are further ac	ete to the best of his or her knowledge and understand d other factors are of eligibility, and our resident select dvised that our resident selection process includes a cr providing pertinent information from any liability that	ction riminal
Signature of Applicant:			Date:	
Signature of Applicant:			Date:	

In order to assure that we can contact you when a unit becomes available, please notify Fedor Manor in writing if your address or phone number changes.



