



Condominiums ♦ Studios ♦ Storage
 1724 East Wooster, Bowling Green, Oh 43402
 phone/fax 419-354-0070
 website: ShamrockBG.com
 email: info@shamrockbg.com

Studio Rental Application

Today's Date _____

Approximate move in date _____ Estimated length of stay _____

| |
|--|
| Name: _____ |
| Birthdate: _____ |
| Social Security Number: _____ |
| Phone: _____ Email: _____ |
| Present Address _____ How long _____ |
| Present Rent _____ Present Landlord _____ Landlord's Phone _____ |
| Permanent Address _____ How long _____ |
| Previous Rent _____ Previous Landlord _____ Landlord's Phone _____ |

What is your marital status?

Married Single Divorced Separated

Have you ever been convicted of any unlawful conduct? Yes No

-If yes, please explain _____

Have you ever been asked to move? Yes No

-If yes, please explain _____

Are you a BGSU Student? Yes No

How will you be paying your rent?

I will be paying myself with my savings/income Student Loans

My parents will be assisting me Government Grants Other

| <u>Employment</u> | | | |
|--|------------------|--------------------|-------------|
| Present Employer _____ | Position _____ | From _____ | To _____ |
| Address _____ | Phone _____ | Income _____ | |
| Previous Employer _____ | Position _____ | From _____ | To _____ |
| Address _____ | Phone _____ | Income _____ | |
| <u>Credit Information</u> | | | |
| Name of Bank (Checking) _____ | Balance \$ _____ | | |
| Name of Bank (Savings) _____ | Balance \$ _____ | | |
| <u>Motor Vehicles</u> | | | |
| Make _____ | Year _____ | License _____ | Color _____ |
| In the event of an emergency contact: Name _____ | | Relationship _____ | |
| Address _____ | | Phone _____ | |

I/We hereby authorize any person or company to supply you with any information requested concerning me. I understand that misrepresentation or concealment relative to any of the above facts will at Lessors' option void my/our rights under any agreements entered into for the rental of the premises being applied for.

Signature _____ Date _____

How did you hear about us? _____

Please include a copy of your driver's license



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Resident Rental Verification and History Request

To whom it may concern:

A former/current tenant of yours named below has applied for a rental unit at Shamrock Village. We would like to verify the past or present rental history. The requested information is for determining eligibility and will be kept in strict confidence. Please complete and fax the following information as soon as possible to 419-354-0070. Feel free to call us with any questions. Thank you.

Applicant, please fill out this section:

In order to complete my rental application at Shamrock Village Condominiums, I request that the following information be released to Shamrock Village with my permission.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

Applicants Current Address: _____

Property manager, please fill out this section:

The tenant listed above is: A Current Resident or A Past Resident

Lease Terms Move in date: _____ is the tenant on a set lease or a month to month
 Lease expiration date: _____
 Other names on lease: 1. _____
 2. _____

Notification of Move out Was proper notice given? **YES or NO**
 Number of days you require for notice: _____

Payment History Rent amount paid: \$ _____ Number of late charges: _____
 Number of NSF checks: _____
 How many times was the rent late? _____
 Was an eviction notice given? **YES or NO**

Other Information Number of occupants: _____ unauthorized occupants: _____
 Pets: _____ If yes, what kind? _____
 Noise Complaints: **YES or NO** If yes, how many? _____
 Did/will the tenant get there security deposit back? **YES or NO**
 What was the cost of damages to the unit at move out \$ _____
 Would you re-rent to this tenant? **YES or NO**

Additional Comments _____

Name/Title of Person Supplying Information _____ Firm/ Organization _____

Signature _____ Date _____