



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 \_\_\_\_\_