**Shamrock Village**
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

## Employment

Present Employer _____ Position _____ From _____ To _____
Address _____ Phone _____ Income _____
Previous Employer _____ Position _____ From _____ To _____
Address _____ Phone _____ Income _____

## Credit Information

Name of Bank (Checking) _____ Balance $_____
Name of Bank (Savings) _____ Balance $_____

## Motor Vehicles

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