

WESTFIELD APARTMENTS  
29050 Detroit Road  
Westlake, Ohio 44145  
Phone (440) 899-1175 Fax (440) 808-2255

APPLICATION FOR RESIDENCY  
Required for any applicant over 18

Applicant's Full Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ or State Id# \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Home Phone Number: ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone No: ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_ Check preferred method of Contact

Do you own/rent at this address: \_\_\_\_\_ Current Rent/Mortgage: \$ \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

Name of Apartment Building and/or Landlord: \_\_\_\_\_

Landlord Phone Number: ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

EMPLOYMENT AND INCOME

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Have you ever been sued, garnished, evicted or filed bankruptcy? \_\_\_\_\_

Have you or any person who will reside with you in the apartment ever been convicted of a felony? \_\_\_\_\_

If yes, please provide date and place of conviction, nature of offense, sentence and dates of incarceration if any on the back of this application.

Have you or any person who will reside with you in the apartment ever been convicted of or pled guilty to a "sexually-oriented offense" or been required to register with a designated law enforcement official pursuant to Ohio Revised Code 2950.01 et. seq., or been determined to be a "sexual predator" or a "sexually-oriented offender" with the meaning of Ohio Revised Code 2950.01 et. seq.?

\_\_\_\_\_

MINORS 0-17 YEARS OF AGE

Name: \_\_\_\_\_ Relationship to Lessee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Lessee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Lessee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VEHICLE INFORMATION

Auto Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Auto Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

PET INFORMATION (YOU MUST HAVE YOUR PET SPAYED OR NEUTERED BEFORE YOU MOVE IN)

Kind of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Kind of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION In an emergency, notify (preferably a relative not living with you):

Name: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Work Phone No: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

If you become seriously ill or die, you authorize the person listed above to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms and common areas.

I (we) hereby apply to lease the apartment indicated on this application form. The fee of One Hundred Dollars (\$100.00) has been paid with the understanding that it is not refundable if I (we) am (are) accepted by WESTFIELD APARTMENTS (WESTFIELD) or cancel my (our) application. If WESTFIELD APARTMENTS does not accept this application, the One Hundred Dollar (\$100.00) fee shall be refunded in full. Approval of this application by the main office of WESTFIELD APARTMENTS takes a minimum of one to three business days.

In addition, the application fee(s) has been paid for the express purpose of a credit report, criminal background check, residency verification, employment verification, and administrative costs of WESTFIELD APARTMENTS in connection with this application, all of which we hereby authorize WESTFIELD APARTMENTS to undertake. This fee shall not be applied toward rent or security deposit and is nonrefundable.

If this application is approved and a lease is executed, then upon occupancy, the One Hundred Dollar (\$100.00) fee shall be applied toward the Security Deposit. I (we) will sign a lease on WESTFIELD's standard form and pay the security deposit due and the required prepayment of rent within five (5) business days after notification from WESTFIELD APARTMENTS that this application has been approved. WESTFIELD APARTMENTS will notify applicant that this application has been approved by phone by calling on two different days between 9:00 a.m. and 5:00 p.m. Monday through Friday at the work phone number listed above for the primary applicant unless the applicant, upon making this application, designates in writing another phone number at which applicant is to be contacted. If by 5:00 p.m. on the day following the second day that WESTFIELD APARTMENTS has called, applicant has failed to make an appointment, or if applicant fails to be present at the appointment made to sign the lease, the One Hundred Dollar (\$100.00) processing fee and the application fee will be retained by WESTFIELD APARTMENTS and not refunded to applicant. The apartment will be re-marketed to any third party, and WESTFIELD APARTMENTS will have no further obligation to lease this or any apartment to applicant. If the applicant is out of town or cannot make an appointment to sign the lease, then applicant must request WESTFIELD APARTMENTS to fax a complete set of all lease and other documents to be signed by applicant to a fax number designated by applicant. Applicant agrees to sign and notarize the faxed documents and to overnight deliver to WESTFIELD APARTMENTS the lease and other documents with notarized original signatures and a check for the amount due upon signing the lease. In any event, the signed lease and check for the amount due WESTFIELD APARTMENTS must be received by WESTFIELD APARTMENTS within five (5) business days of notification from WESTFIELD APARTMENTS that the application has been accepted for the apartment. If applicant does not comply with all of the above, the One Hundred Dollar (\$100.00) processing fee and the application fee will be retained by WESTFIELD APARTMENTS and not refunded to applicant. The apartment will be re-marketed and WESTFIELD APARTMENTS will have no further obligation to lease this or any apartment to applicant.

I (we) have read this application and hereby certify that the information in this application is complete and accurate; and I (we) agree that, in the event that this information is not complete and accurate, WESTFIELD APARTMENTS may deny this application and have no further obligation to lease to me (us). I (we) also agree that this application will become a part of the lease agreement entered into with WESTFIELD. I (we) authorize WESTFIELD APARTMENTS to obtain all such information as may be required by it concerning all of the statements made in the application. In addition, I (we) am required to sign a separate release of information form.

APPROVAL SUBJECT TO SATISFACTORY EMPLOYMENT, RESIDENCY, CRIMINAL HISTORY, AND CREDIT VERIFICATION. Application for residency required for all prospective residents 18 and over.

Applicant(s) Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Leasing Agent Accepting Application \_\_\_\_\_ Date \_\_\_\_\_