



New Level Properties, LLC

RENTAL APPLICATION

Fee	
ID	
Rent	
Dep	

We process serious applications only. Any person over the age of 18 must be listed as a Co-Applicant. There is a **Nonrefundable Application Fee** of **\$20.00** for the first applicant and **\$20.00** for each additional Co-Applicant. The Application Fee is **required** in order to process your application.

Once completed, please submit to our Manager or mail to **215 E. Erie Ave. Lorain, OH 44052**. You may also email this form to inquire@newlevelproperties.com and mail the original application with the Application Fee to the above address. This form may be printed or typed. If you need help or have questions about this form please call our office at **(440) 308-7777**. We are an equal housing provider.

Today's Date:		Move-in date desired:		Address of Location your Applying For:	
Applicant's Name:		Co-Applicant's Name:		Phone Number:	
				Phone Number:	
Relationship to Co-Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Relative <input type="checkbox"/> Friend				How long have you known each other?	
Email Address:			Alternate Email Address:		
How did you hear about us? <input type="checkbox"/> Sign <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Paper <input type="checkbox"/> Friend <input type="checkbox"/> Other		Why have you decided to move?			
What type of Lease would you like? <input type="checkbox"/> 1 Year <input type="checkbox"/> Monthly (Fee)		Have you notified your Landlord that you are moving? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been asked to leave your current Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This Location includes the Following: (Filled in by NLP)		<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator		<input type="checkbox"/> Mowing <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Utilities which are available and who shall be responsible:		What items / services will you need to Lease if not included with rent?		What are you bringing with you?	
	Owner	Resident		Cost per month	YES
Heat	<input type="checkbox"/>	<input type="checkbox"/>	Stove	NOT INCL	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	NOT INCL	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	Mowing	INCL	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>	Monthly Lease	\$75	<input type="checkbox"/>
Water (Budgeted)	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		<input type="checkbox"/>
				Where Permitted	Cost per Month
				No Pets Except service	Per policy
				Special	Needs: OK
					Extra Fee
					YES
*Does not apply to approved service dogs *Pets must be approved by management before allowed in units.					
Proposed Occupants Under 18: List all others excluding yourself. Attach Additional App if more than 2 Adults.					
Name: (First)		(Middle)		(Last)	
(Age)		Name: (First)		(Middle)	
(Last)		(Age)		Name: (First)	
(Middle)		(Last)		(Age)	
Personal Vehicle Info:					
(Make)		(Model)		(Color / Year)	
(Plate #)		Additional Vehicle Info:			
(Make)		(Model)		(Color / Year)	
(Plate #)					

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**Lake Erie Landlords Association/ American Tenant Screen, Inc.
Authorization to Release Information**

PART I – APPLICANT RESIDENCE HISTORY (CURRENT & PREVIOUS 5 YEAR PERIOD)

Name: (First) (Middle) (Last)			Any credit under other names?		
Date of Birth:		Driver's License#/State/Expiration:		Soc. Sec. #:	
Home Phone:		Work Phone:		Cellular Phone:	
Current Address:			Rent \$:	Security Deposit \$:	What utilities do you pay?
Property Owner/ Manager Name:		Managers Phone No.	Move in Date:		Move out Date:
Have you paid your rent for this month yet? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your outstanding balance?		How much of your security deposit will you get back?	
Previous Address:			Rent \$:	Security Deposit \$:	
Property Owner/ Manager Name:		Managers Phone No.			

Current Employer/ Source of Income:		Title:	How long?	Mo. Income \$
Supervisor:		Phone:	Other Income:	

PART II – CO-APPLICANT RESIDENCE HISTORY (CURRENT & PREVIOUS 5 YEAR PERIOD)

Name: (First) (Middle) (Last)			Any credit under other names?		
Date of Birth:		Driver's License#/State/Expiration:		Soc. Sec. #:	
Home Phone:		Work Phone:		Cellular Phone:	
Current Address:			Rent \$:	Security Deposit \$:	What utilities do you pay?
Property Owner/ Manager Name:		Managers Phone No.	Move in Date:		Move out Date:
Have you paid your rent for this month yet? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your outstanding balance?		How much of your security deposit will you get back?	
Previous Address:			Rent \$:	Security Deposit \$:	
Property Owner/ Manager Name:		Managers Phone No.			

Current Employer/ Source of Income:		Title:	How long?	Mo. Income \$
Supervisor:		Phone:	Other Income:	

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PART III - CREDIT AND PERSONAL REFERENCES

Have you ever filed bankruptcy?	When?	Any Judgments/Collections Against You?
Auto Loan?	Monthly payment?	Total Monthly Debt/Credit Payments?
Bank:	Branch Address:	Type of Accounts Held?
In case of Emergency, Notify:		Relationship:
Address:		Phone:
(Street)	(City)	(State) (Zip)
Character References:		
1. _____ Relationship _____ Phone (____) _____		
2. _____ Relationship _____ Phone (____) _____		

Have any of the applicants been OR are you now being evicted from a residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:		
Have any of the applicants willfully and intentionally refused to pay rent when due?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:		
Have any of the applicants been convicted of any crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain:		

PART IV - AUTHORIZATION

The undersigned declares that the information on this Rental Application is true and correct, and understands that false statements may result in rejection of this and any future applications for housing with **New Level Properties (NLP)**. The undersigned does further understand that all persons of firms named may freely give any requested information concerning the undersigned and hereby waives all right to action for any consequences resulting from such information. My signature below authorizes investigation of all statements contained herein by the management company, including but not limited to a credit check. I further understand and agree that **NLP** will rely upon this Rental Application as an inducement for entering into a rental agreement or lease and I warrant that the facts contained in this Application are true. If any facts are proven to be untrue, **NLP** may terminate my tenancy immediately and collect any damages incurred, including reasonable attorneys fees resulting therefrom. All or part of the above information may be made available to other screening and collection services. Pursuant to **Ohio** Law, you are also herein notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental obligations or if you default in those obligations in any way.

NLP welcomes all applicants. It is illegal and against our policy to discriminate against any person because of race, color, religion, sex, sexual orientation, national origin, mental or physical disability, or familial status.

Applicant(s) authorize The Lake Erie Landlords Association (LELA) Member to obtain a Credit Report, Eviction Check, Criminal History Check, Landlord Check, Employer Check, Past Address Check and a Bad Check Report Check on applicant(s). Information on that report may be used by The Lake Erie Landlords Association Member in recommending or not recommending applicant(s) as tenant(s).

Applicants Signature:		Date:
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Co-Applicants Signature:		Date:
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