

1815 Trinity Place NW Canton, OH 44709 Phone: 1-330-559-7743

Fax: 330-546-7185 Email: avalonapartments@gmail.com www.legendspointeohio.com

## RENTAL APPLICATION

Full Name			Currently Living in:	Apt	How Long?					
			Rented Home	Own Home	Month			aly Payment (\$)		
Address					Landlord of Mortgage Holde			er Name & Phone		
City	State	Zip Code	Why are you movi	ou moving? When are you looking to move? What s			What si	size apartment do you want?		
Social Security Number #			Driver's License # Date of Birth (dd/mr			irth (dd/mm	/уууу)			
Home Phone #			Work Phone #			Marital Status:		Single	Seperated	
When to call			When to call			Married		Divorced	Widowed	
Previous Address								How Long?		
Previous Landlord or Mortgage Holder Name					Phone #					
In case of Emergency notify Name & Address					Phone #					
Personal Reference - Name, Address, & Relationship							Phone #			
Have you ever been arrested for a felony or a drug related crime? If so, please detail:					Have you ever been upon the eviction?				ion?	
Vehicle make, model, year, color				License Plate Number						
			<u> </u>							

## **EMPLOYMENT INFORMATION**

Employed by - Company Name					Supervisor Name			
Employer Address					Supervisor Phone #			
Position	How Long?	Salary (\$)	Hourly	Bi-weekly	Weekly		ID/Badge #	
			Monthly	Yearly	Gross	Net		
Other Sources of Income						Amount/Frequency		
Name of Person to contact for verification of other income					Phone # of p	erson		



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## **SPOUSE INFORMATION**

Spouse Full Name						Work Phone # and When to call			
Employed by - Company Name						Supervisor Name			
Employer Address					Supervisor Phone #				
Position	How Long?	Salary (\$)	Hourly Monthl	•	Weekly Gross	Net	ID/Badge #		
Social Security Number #	Driver's License #			Date of Birth (dd/mm/yyyy)					
		OTHER	OCCUP.	ANTS					
Name of other occupant	Occupancy Status: Part-Time				rth (dd/mm/yyyy)				
Name of other occupant	Occupancy Status: Part-Time	Full-Time	Relationship		Date of Birth (dd/mm/yyyy)				
		CREDIT I	NFORM	ATION					
Financial Institution and	Type of Account:	pe of Account: Account #		Phone #					
Financial Institution and	Type of Account:		Account #	Phone #					
Credit Reference	Type of Account: Payment Amou		nt Balance						
How did you hear about t	ıs?				•		,		
Newspaper Yel	low Pages Interne	t Resident Fr	riend or fami	ly Employer	Apt Gu	ide Othe	r		
Why did you choose us? Good Location Law Rental Rules Heard good things Friends/Family Amenities  Condition of units Personal Attention Other									
What other communities									
PLEASE PRINT T	THIS ENTIRE DO	OCUMENT AFT	ER FILL	ING OUT TH	HE FIELI	DS TO SI	GN HARD COPY.		
Date (dd/mm/yyyy)	_	Signature of Applicant							
Date (dd/mm/yyyy)	Signature of Co-Applicant								