



200 N Saint Clair St, Toledo, OH 43604  
866-746-7517

## Rental Application

Name \_\_\_\_\_  
Date \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

**PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write "NO or NONE" where appropriate**

**1. HOW DID YOU HEAR ABOUT US? (Select one)**

- Agency     Apartment Guide     Bus/Billboard     Direct Mail     Drive By     Word of Mouth  
 Employee     Friend/Relative/Resident     Housing Authority     Newspaper     Website     Other

**2. WHAT ATTRACTED YOU TO THIS PROPERTY? (Select one):**

- Appearance/Design     Availability     Close to Good School     Close to Public Transit     Close to Work  
 Employee Referral     Neighborhood     Price     Project Amenities     Resident Referral     Other

**3. APARTMENT SIZE DESIRED, Number of Bedrooms: \_\_\_\_\_**

**4. APPLICANT INFORMATION and RESIDENCE HISTORY**

Name of Head of Household (Head):		Co-Head Name (if living with the household):	
E-mail address (Head)		E-mail address (CoHead)	
Home Phone #:	Cell #:	Home Phone #:	Cell #:

- Reason for Leaving Current Address:  Location (1)     Price (2)     Excessive Cost of Utilities (3)     Appearance/Design/Quality (4)     Management (5)  
 Increase in Income (6)     Decrease in Income (7)     Change in Household Composition (8)     Undesirable Neighborhood (9)

**5. RENTAL HISTORY - Please show at least 2 years of residence history, including any owned by applicants**

Current Address	Do you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	
Landlord Name and Address (if rented):					
				Landlord Phone:	
Previous Address	Did you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	Move-Out Date:
					Reason for Leaving (use code above):
Landlord Name and Address (if rented):					Landlord Phone:

Applicant Name \_\_\_\_\_



<b>Previous Address</b>	<b>Did you own this residence (yes or no)?</b>	<b>Rent/Mrtg Pmt</b>	<b>Utilities/MO</b>	<b>Move-In Date</b>	<b>Move-Out Date:</b>
					Reason for Leaving (use code above):
<b>Landlord Name and Address (if rented):</b>					<b>Landlord Phone:</b>

**6. HOUSEHOLD COMPOSITION: PLEASE PRINT**

List all persons who will be residing in this household, even those completing their own application

Member #	Name(s)	Relation to Head	Date of Birth MM/DD/YY	SSN	Lives in Household 100% (Y/N)	Percentage of Time
1		Head				
2						
3						
4						
5						

Anticipated changes in household size? (Y/N) \_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever used another name? (Y/N) \_\_\_\_ If so, please indicate name \_\_\_\_\_

**7. VEHICLES (including company cars, motorcycles, etc. )**

Member #	Driver's License Number	State	Model	Year	Color	License Plate Number	State	Monthly Payment

**8. ANTICIPATED INCOME: ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY YOU AND/OR MINOR CHILDREN OF WHICH YOU HAVE DIRECT CUSTODY OR CARE MUST BE LISTED HERE**

- **If Employment:** Name of Employer
- **If no employment:** Name of source, AFDC, alimony, child support, employment, general assistance, pension, social security, TANF, unemployment, etc.

<b>Member #</b>	<b>Source/Name</b>	Income Start Date: _____	# of Hours worked per week:
		Income from this source \$ _____ /mo	
	Address:	Contact Phone Number	
	Contact Name:	Contact Fax Number	
<b>Member #</b>	<b>Source/Name</b>	Income Start Date: _____	# of Hours worked per week:
		Income from this source \$ _____ /mo	
	Address:	Contact Phone Number	
	Contact Name:	Contact Fax Number	
<b>Member #</b>	<b>Source/Name</b>	Income Start Date: _____	# of Hours worked

Applicant Name \_\_\_\_\_



Please PRINT, COMPLETE and SCAN/SEND the application to: [maumeem@mccormackbaron.com](mailto:maumeem@mccormackbaron.com) OR Fax: 567-246-4374

	Income from this source \$ _____/mo	per week:
Address:	Contact Phone Number	
Contact Name:	Contact Fax Number	

**9. ACCESSIBILITY:** Does anyone in your household need the features of an accessible unit? (Y/N) \_\_\_\_\_  
 \_\_\_\_\_ A unit with features to assist with mobility \_\_\_\_\_ A unit with features to assist with hearing or vision  
 \_\_\_\_\_ Other. Please explain (attach additional pages as needed): \_\_\_\_\_

**NOTICE:** A person with disabilities may request a reasonable change to policies, practices or procedures, and may request a reasonable structural modification of a dwelling when needed to assure equal access to the property and the programs and services available at the property. Please contact the Management Office to request a reasonable accommodation.

**In Case of Emergency - Notify:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

I/We authorize McCormack Baron Management, Inc. agent for the Property, and LandLord Shield Inc., as the authorized 3rd party agency to verify information on this application and to do a complete investigation of all information provided. A complete investigation may include any or all of the following: credit report, criminal record, employment or rental history references and personal interviews with above references. I/We acknowledge LandLord Shield, Inc. does not participate in the approval or denial process. I/We have personally filled in and/or reviewed all information listed above and that my/our signatures below authorizes the release of rental, job history (including salary) and criminal information.

I/We understand this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Management, Inc. until application is approved in writing. I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

Applicant Signature (HEAD) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name (HEAD) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Property Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Representative Printed Name \_\_\_\_\_

For Office Use Only  
 Applicant Fee Rec'd: \$ \_\_\_\_\_ Reservation Deposit Rec'd: \$ \_\_\_\_\_

MBM 07/2017 Supersedes MBM 10/2016

By: \_\_\_\_\_ Date: \_\_\_\_\_ Date Apartment Desired: \_\_\_\_\_

Applicant Name \_\_\_\_\_

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