

**MONTLACK MANAGEMENT, INC./THE MONTLACK MANAGEMENT LIMITED PARTNERSHIP ("Owner")\***  
2835 Mayfield Road, Suite 103, Cleveland Heights, Ohio 44118, Phone (216) 320-5800, Fax (216) 320-5801  
Email: info@montlack.com

**RENTAL APPLICATION, PRE-RENTAL AGREEMENT AND  
AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

**RENTAL APPLICATION**

**LEASING INFORMATION** (To be completed by Owner's Leasing Agent and reviewed by each Applicant)

PREMISES ADDRESS \_\_\_\_\_ Lease Term \_\_\_\_\_

Suite # \_\_\_\_\_ Date Available \_\_\_\_\_ Move-In \_\_\_\_\_ Prorated Rent \$ \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Pet Deposit \$ \_\_\_\_\_

Parking Assignment \_\_\_\_\_ Garage Door Transmitter Deposit \$ \_\_\_\_\_

**APPLICANT #1 INFORMATION** (To be completed by Applicant #1)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Telephone No. (with area code) \_\_\_\_\_

Email Address \_\_\_\_\_

Present Residence \_\_\_\_\_

(include suite #)

City/State/Zip

How long? \_\_\_\_\_ If renting, Landlord & Phone # \_\_\_\_\_

Applicant's Present/Anticipated Employer/College \_\_\_\_\_

Employer/College Address \_\_\_\_\_

Position \_\_\_\_\_ Dept. \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer/College Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Present/Anticipated Monthly Income \$ \_\_\_\_\_ (gross)

If Applicant is a student, field of study \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Have you or any other person intending to reside at the Suite ever been convicted of using, dealing or manufacturing illegal drugs? \_\_\_ Yes; \_\_\_ No. Are you or any other person intending to reside at the Suite addicted as a result of current, illegal use of a controlled substance? \_\_\_ Yes; \_\_\_ No. Are you or any other person intending to reside at the Suite subject to any required registration for "sex crimes"? \_\_\_ Yes; \_\_\_ No.

If you answered "yes" to any of the above questions, please explain each such answer: \_\_\_\_\_

Please tell us how you heard of us: \_\_\_\_\_

\*As used in this Rental Application and attached Pre-Rental Agreement And Authorization to Obtain Consumer Reports, "Owner" refers to Montlack Management, Inc. or The Montlack Management Limited Partnership, as marked and indicated directly above the Leasing Agent signature line at the conclusion of the Pre-Rental Agreement And Authorization To Obtain Consumer Reports.

**APPLICANT #2 INFORMATION** (To be completed by Applicant #2)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Telephone No. (with area code) \_\_\_\_\_

Email Address \_\_\_\_\_

Present Residence \_\_\_\_\_

(include suite #)

City/State/Zip

How long? \_\_\_\_\_ If renting, Landlord & Phone # \_\_\_\_\_

Applicant's Present/Anticipated Employer/College \_\_\_\_\_

Employer/College Address \_\_\_\_\_

Position \_\_\_\_\_ Dept. \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer/College Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Present/Anticipated Monthly Income \$ \_\_\_\_\_ (gross)

If Applicant is a student, field of study \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Have you or any other person intending to reside at the Suite ever been convicted of using, dealing or manufacturing illegal drugs? \_\_\_\_ Yes; \_\_\_\_ No. Are you or any other person intending to reside at the Suite addicted as a result of current, illegal use of a controlled substance? \_\_\_\_ Yes; \_\_\_\_ No. Are you or any other person intending to reside at the Suite subject to any required registration for "sex crimes"? \_\_\_\_ Yes; \_\_\_\_ No.

If you answered "yes" to any of the above questions, please explain each such answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY ANY APPLICANT**

Minor Children Residing with Applicant(s) – (including each child who may stay in the suite on less than a full-time basis):

NAME	SEX	AGE	RELATIONSHIP TO APPLICANT(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Motor Vehicles in Household:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

If you own or keep any pet(s) describe each: \_\_\_\_\_

Please provide a copy of your photo ID.

**GUARANTOR # 1 INFORMATION** (To be completed by Guarantor #1)

Guarantor's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_

Residence \_\_\_\_\_  
(include suite #) City/State/Zip

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_ Position \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ (gross)

**GUARANTOR # 2 INFORMATION** (To be completed by Guarantor #2)

Guarantor's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_

Residence \_\_\_\_\_  
(include suite #) City/State/Zip

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_ Position \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ (gross)

**GUARANTOR # 3 INFORMATION** (To be completed by Guarantor #3)

Guarantor's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_

Residence \_\_\_\_\_  
(include suite #) City/State/Zip

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_ Position \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ (gross)



