

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 _____

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 _____

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 _____ Plate No. _____ State _____

Make _____ Model _____ Year _____ Plate 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

Email Address _____

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

Email Address _____

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

Email Address _____

Employer _____

Employer's Address _____

Employer's Phone No. _____ Position _____

Monthly Income \$ _____ (gross)

