

**PRELIMINARY RENTAL APPLICATION**

KNICKERBOCKER APARTMENTS  
27100 Knickerbocker Road  
Bay Village, Ohio 44140  
OFF 440-871-3234 FAX 440-871-9766

Voluntary Fair market Housing  
Statistical Information  
Black \_\_\_\_\_ White \_\_\_\_\_  
Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

Please list full name, date of birth, and social security number of anyone else that will be living in the apartment with you:  
\_\_\_\_\_

Please list all states in which members of the household have ever lived: \_\_\_\_\_

Total GROSS Monthly Household Income from all sources: \$ \_\_\_\_\_ (this includes pensions, social security, SSI, regular recurring IRA or annuity payments, interest, dividends, alimony, etc.)

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Are all members of your household agreeable to a background check for screening purposes which will involve arrest records and recommendations from previous landlords? YES \_\_\_\_\_ NO \_\_\_\_\_

Are any members of the household subject to a lifetime registration requirement under a state sex offender registration program? YES \_\_\_\_\_ NO \_\_\_\_\_ Ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Are any members of the household currently part or full time students? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you or any member of the household ever been evicted or had a rent subsidy terminated? YES \_\_\_\_\_ NO \_\_\_\_\_

***If you answered "yes" to any of these questions, please use the back of this application to provide detailed information.***

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Which apartment size are you applying for? Studio \_\_\_\_\_ One Bedroom \_\_\_\_\_ Would accept either one \_\_\_\_\_

Please indicate how you heard about the Knickerbocker Apartments \_\_\_\_\_

No representation, promises or agreements as to occupancy or date of possession have been made and this application shall not be construed as an agreement. Applicant shall have the right to withdraw this application.

The undersigned declares that the facts contained in this preliminary inquiry are true and complete to the best of his/her knowledge and understands that false statements on the preliminary inquiry relative to verifying income, assets and other factors relating to eligibility determinations may result in the rejection of this application.

SIGNATURE OF APPLICANT (S): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_