



THE
SCHOFIELD
RESIDENCES

Equal Housing Provider

(216) 706-2287

schofieldresidences@crminc.us

RENTAL APPLICATION

***A non-refundable application fee of \$50.00 is due prior to processing this application.**

Notice: Co-Applicant must complete a separate Rental Application Form.

FOR OFFICE USE ONLY

DATE _____ AGENT _____
COMMUNITY _____ APT # _____ RENT \$ _____

THE UNDERSIGNED HERBY MAKES APPLICATION TO RENT UNIT # _____ LOCATED AT 2000 EAST NINTH STREET, CLEVELAND, OH 44115
BEGINNING ON _____ AT A MONTHLY RENTAL OF \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ PHONE () _____
EMAIL ADDRESS _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____ DRIVER'S LIC. # & STATE _____
CO-APPLICANT _____ RELATIONSHIP _____ PHONE () _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____ DRIVER'S LIC. # & STATE _____
NAMES OF ALL OTHER OCCUPANTS _____
_____ TOTAL # OF OCCUPANTS _____
HOW MANY PETS? _____ KIND OF PET, BREED, WEIGHT AND AGE _____

PLEASE PROVIDE YOUR RESIDENCE HISTORY FOR THE PAST THREE YEARS, BEGINNING WITH MOST CURRENT

CURRENT ADDRESS _____
MONTH & YEAR MOVED IN _____ REASON FOR LEAVING _____
OWNER OR AGENT _____ PHONE () _____ MONTHLY PAYMENTS \$ _____
PREVIOUS ADDRESS (IF WITHIN THREE YEARS) _____
MONTH & YEAR MOVED IN _____ MOVED OUT _____ REASON FOR LEAVING _____
OWNER OR AGENT _____ PHONE () _____
PREVIOUS ADDRESS (IF WITHIN THREE YEARS) _____
MONTH & YEAR MOVED IN _____ MOVED OUT _____ REASON FOR LEAVING _____
OWNER OR AGENT _____ PHONE () _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: EMPLOYED FULL-TIME EMPLOYED PART-TIME STUDENT RETIRED NOT EMPLOYED
CURRENT EMPLOYER (OR MOST RECENT) _____
ADDRESS _____ PHONE () _____
DATES EMPLOYED FROM _____ TO _____ POSITION _____
SUPERVISOR _____ YOUR GROSS MONTHLY SALARY \$ _____ HOUSEHOLD GROSS MONTHLY INCOME \$ _____
PREVIOUS EMPLOYER _____
ADDRESS _____ PHONE () _____
DATES EMPLOYED FROM _____ TO _____ POSITION _____ SUPERVISOR _____
IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST INCOME, SOURCE AND PERSON (BANKER, EMPLOYER, ETC) WHO WE MAY CONTACT FOR CONFIRMATION. YOU DO NOT HAVE TO REVEAL CHILD SUPPORT OR SPOUSE'S ANNUAL INCOME UNLESS YOU WANT US TO CONSIDER IT IN THIS APPLICATION
AMOUNT \$ _____ PER _____ SOURCE _____ PHONE () _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) _____ CITY/STATE/BRANCH _____
ACCOUNT # & TYPE _____ PHONE () _____

