

# MILLENNIA HOUSING MANAGEMENT, LTD.

8111 ROCKSIDE ROAD, SUITE 200 • VALLEY VIEW OHIO 44125 • PHONE (216) 520-1250 • FAX (216) 447-9646

Visit us on the web at [www.mhmltd.com](http://www.mhmltd.com)!

(Insert Property Name that you are applying for)

PLEASE PRINT ON THIS APPLICATION

ALL APPLICANTS MUST SIGN AND DATE THE BOTTOM OF THIS APPLICATION

**FOR OFFICE USE ONLY:**

Deposit Received \_\_\_\_\_

Apartment # \_\_\_\_\_

Money Order # \_\_\_\_\_

Lease Term: \_\_\_\_\_

**General Information**

Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

When does your present lease expire? \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_

Has any landlord ever sued you for rent or possession? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Are you subject to any required registration for "sex crimes"? \_\_\_\_\_

How did you hear about our community? \_\_\_\_\_

List who will occupy this apartment: Please list Spouse or Co-applicant first if applicable.

Spouse or  Co-Applicant

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ ss \_\_\_\_\_ Birth date \_\_\_\_\_

**Please Note:** Federal regulations provide for special consideration for applicants with a handicap or disability. Examples of this could include eligibility for special consideration for persons with mobility handicaps when mobility handicap suites are available. Another example would be a hearing or sight disability when sensory suites are available. If you believe that you have a handicap or disability that would qualify you for special treatment under Federal regulations, you may indicate this here. You are not required to give this information. \_\_\_\_\_ I believe that I (or a member of my household) have (has) a handicap or disability which should be considered.

**Employment (COMPLETE ONLY IF AN APPLICANT IS CURRENTLY EMPLOYED)**

Applicant's Present Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_ Other source of income? /mo \_\_\_\_\_

Previous employer \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly income \_\_\_\_\_

Spouse or  Co-Applicant Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Position \_\_\_\_\_ Monthly income \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_ Other source of income? /mo \_\_\_\_\_

**Credit References**

Checking Account Number \_\_\_\_\_ Bank \_\_\_\_\_

Savings Account Number \_\_\_\_\_ Bank \_\_\_\_\_

Bank loan Monthly Payment \$ \_\_\_\_\_ Bank \_\_\_\_\_

Auto Loan(s) Monthly Payment \$ \_\_\_\_\_ Bank \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Bank \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Bank \_\_\_\_\_

Do you own or rent your place of residence?  Own or  Rent What is monthly  Payment or  Rent \_\_\_\_\_

Other \_\_\_\_\_ Company \_\_\_\_\_

Property Name: \_\_\_\_\_

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

**Student Status**

Are all household members full time students?  Yes  No

If all household members are full-time students, or anticipate becoming full-time students, is the household:

- I. Receiving assistance under Title IV of the Social Security Act-(AFDC/TANF)  Yes  No
- II. Comprised of at least one member who is enrolled in a job training program receiving assistance through JTPA  Yes  No
- III. Married and eligible to file a joint return  Yes  No
- IV. Comprised entirely of:  Yes  No
  - A single parent who is not the (tax) dependent of another party, and
  - Are the children who are to occupy this unit the dependents of either this single parent or the other parent?

**Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Person we can contact in the case of an emergency \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

How many motor vehicles will you have at residence? \_\_\_\_\_

Make/Year/Color \_\_\_\_\_ License # \_\_\_\_\_

Make/Year/Color \_\_\_\_\_ License # \_\_\_\_\_

No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement therefore. This application is made subject to Owner's approval. If this application is approved by the Owner and the applicant does not enter into a Lease Agreement, the deposit made shall not be refunded. In the event this application is not approved, the deposit will be refunded to the applicant and both parties shall have no further liability to each other. The thirty five dollar (\$35.00) Application Fee is not refundable.

\$ _____ Non-Refundable Application Fee		
\$ _____ Deposit Received	Applicant's Signature	Date
\$ _____ Balance Due		
\$ _____ First Month's Rent	Spouse or Co-Applicant's Signature	Date
\$ _____ Total Balance Due Upon Execution of Lease	Leasing Agent	
Date Lease Typed _____		

**Please fax or mail your completed application and applicable documents to the property you are applying for.**

