

Joyce Fox Property Manager joyce@thewellakron.com (o) 330-815-1062 Ext: 102

Application for Rental Housing

A separate rental application must be filled out by each person 18 years old or over. Please answer all questions. \$30 Non-Refundable Application fee must be paid at the time of application.

Name: Previous Names Used: Current Address: Previous Address: City State Zip Date of Birth: Social Security #: Phone: _____ Driver's License #:_____ State Email:____ Date Employed:_____ Employers Phone: _____ Employer Address: Full Time Part Time Monthly Gross Income:_____ Please include any Additional or Other Income Per Month: \$ Have you or anyone in your household ever been convicted of a felony? *: Y / N *Answering yes does not automatically disqualify you. If yes, please explain including date: Have you or anyone in your household ever been evicted? *: Y / N

Career Development Opportunity

*Answering yes does not automatically disqualify you.

Personal Information

Would you be interested in learning more about our Workforce career readiness resources? Y / N

If yes, please explain including date and circumstances:

Middlebury Housing LLC's Non-discrimination Policy: Fair housing laws prohibit discrimination on the basis of race, color, religion, national origin, sex, familial status, or handicap. It is our policy to do business in accordance with these laws.





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Household Information

How m	any bedrooms will	your household ne	ed?	
List any	additional membe	ers of your househo	ld over the age of 18.	
Name		Date of Birth	Social Security #	Driver's License/State ID #
l I under	stand:		I	
	All rental units ow	ned and operated	by Middlebury Housing LLC	are smoke free and pet free.
	<u>All Utilities</u> are the responsibility of the tenants for single-family homes (and some multi-units where specified), Gas and electric are the responsibility of the tenant in most multi-family units.			
	A Non-Refundable application fee of \$30 will be required for all persons 18 years old or older once the application is approved and a unit becomes available.			
	provide following i		non-relative references: NO	
ivame:				
Addres	s:		Address:	
Phone:				
Relatio	nship:		Relationship:	
knowle for tena conduc	y Certify that the ir dge. I understand ancy. I also author t credit checks, bac	that any omissions ize The Well CDC ar ckground checks; ar	nd/or its representatives to	cation are grounds for denial verify income, employment; ovided. I also understand that
Signatu	ıre:			Date:

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