

Barber Knolls Development Corp.  
416 Crocus  
P.O. Box 12  
Barberton, Ohio 44203  
phone 330-848-2989 fax 330-848-3643 email barberknolls@barberknolls.com

## Application Instructions

All persons over 18 years old must fill out a separate application

The following must be included with all applications:

1. A check or money order (no cash) for your non-refundable \$50.00 application fee.
2. Photocopies of:
  - current* pay stubs for two *consecutive* months\*
  - valid driver's license, valid state ID or equivalent
  - social security card
  - proof of insurance for all vehicles
  - electric, gas and water bills for the past two months
3. Proof of payment to your current landlord for the past two months. Cancelled checks, carbon copies of money orders or written receipts are accepted.

### **Exemptions to the application fee:**

Former tenants returning to the Barber Knolls Community and United States of America active military duty, military veterans with honorable discharge, and their immediate families including minor children are exempt from the application fee.

### **Approved applications and leases:**

Apartments will be held exclusively for prospective tenants for thirty (30) days with the payment of a *full* security deposit. Failure to sign a lease within the thirty day period will result in forfeiture of the security deposit.

*Rent payments should not amount to more than 30% of your total gross income.*

rent of \$580/month = income of \$1933.33/month or greater  
rent of \$590/month = income of \$1966.67/month or greater  
rent of \$600/month = income of \$2,000.00/month or greater  
rent of \$630/month = income of \$2100.00/month or greater  
rent of \$640/month = income of \$2133.33/month or greater  
rent of \$675/month = income of \$2250.00/month or greater  
rent of \$700/month = income of \$2333.33/month or greater  
rent of \$715/month = income of \$2383.33/month or greater  
rent of \$725/month = income of \$2416.67/month or greater

Date \_\_\_\_\_ Rent \$ \_\_\_\_\_ Security \$ \_\_\_\_\_ Apartment desired \_\_\_\_\_  
2 BDRM \_\_\_\_\_ 3BDRM \_\_\_\_\_

Tenant Responsible For: GAS    ELECTRIC    WATER/SEWER    Move In Date \_\_\_\_\_

**Name** \_\_\_\_\_  
*Last                      First                      M.I.                      Telephone                      Email*

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Social # \_\_\_\_\_

**Current Address** \_\_\_\_\_ Married? \_\_\_ Spouse Name \_\_\_\_\_  
*No.    Street    City                      State    Zip*

Current Owner/Manager \_\_\_\_\_  
*Name                      Address                      Phone                      Years at address*

Previous Address \_\_\_\_\_  
*No. Street                      City                      State                      Zip*

Previous Owner/Manager \_\_\_\_\_  
*Name                      Address                      Phone                      Years at address*

**Current Employment** \_\_\_\_\_  
*Company                      Address                      City                      State                      Phone                      Years of employment*

Position \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Salary \_\_\_\_\_

**Previous Employment** \_\_\_\_\_  
*Company Address    City                      State                      Years                      Phone*

Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_

**In case of emergency notify:**

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

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

**Have you ever broken a lease, gone through foreclosure, or had an eviction filed against you?** Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**Have you ever filed bankruptcy?** Yes \_\_\_ No \_\_\_      **Are you an illegal substance abuser?** Yes \_\_\_ No \_\_\_

**Have you ever been arrested or convicted on a drug related or felony charge?** Yes \_\_\_ No \_\_\_

**Are there any outstanding judgments or garnishments against you?** Yes \_\_\_ No \_\_\_

**Are you obligated to alimony, child support or separate maintenance?** Yes \_\_\_ No \_\_\_

**Are you currently a named party in a lawsuit?** Yes \_\_\_ No \_\_\_      **Have you ever been garnished?** Yes \_\_\_ No \_\_\_

**Any outstanding debts or monthly financial obligations?** Yes \_\_\_ No \_\_\_ describe \_\_\_\_\_

Total number of occupants: \_\_\_\_\_

**How many vehicles would you keep at this address?** \_\_\_\_\_ (one per bedroom permitted)

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

**Personal References (Do not list landlord or relative.)**

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

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

We understand that Barber Knolls Development Corp. will rely on our statements contained herein and accept personal responsibility for all losses incurred as a result thereof. The undersigned hereby authorizes Barber Knolls Development Corp. to make or cause to be made either for the purpose of granting or maintaining an account and understand that they will make or cause to be made an investigative consumer report concerning the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living and thereby authorizes applicant's employers or any previous employers to furnish credit information for the purpose of the report. I understand that a NON -REFUNDABLE application fee of fifty dollars (\$50.00) will be charged for the application to be processed. This application fee will be charged to cover the cost of processing the application and obtaining the credit report and background check. I understand that if I for any reason do not consummate the rental agreement, an amount sufficient to cover the costs of clerical work, additional advertising, and rental loss from the date of application approval to date of rent to someone else shall be deducted from the deposit. I understand that the landlord may terminate my lease for any misrepresentations made above.

NOTE: You have the right to know the nature and scope of any investigation made pursuant to the above authorization within a reasonable time after you so request or after any investigative consumer report is requested.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Authorization For Release of Information**

Purpose: The management of Barber Knolls Development Corp. may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize the above named organization to obtain information about me or my family that is pertinent to the rental of property owned and/or managed by the organization.

Information Covered-Inquiries may be made about: child care expenses, credit history, criminal activity, family composition, employment/income/pensions/assets, federal/state/tribal/local benefits, handicapped assistance expenses, identity and marital status, medical expenses, social security numbers, and residences and rental history.

Individual/Organizations that may release information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, employers, present and past, landlords, schools and colleges, U. S. Social Security Administration, U. S. Dept of Veterans Affairs, Utility Companies, welfare agencies, Providers of: Alimony, child care, child support, credit, handicapped assistance, medical care and pensions/annuities.

Computer matching notice and consent: I agree that the above named organization may conduct computer matching programs with other government agencies including Federal, State, Tribal or local agencies. The government agencies include: U. S. Office of Personnel Management; U. S. Social Security Administration; U. S. Dept. of Defense; U. S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Barber Knolls Development Corp.

\_\_\_\_\_  
Print legal name

\_\_\_\_\_  
birthdate

\_\_\_\_\_  
last 4 digits of social security number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date