

# ALFIERI MANAGEMENT LLC.

18100 LANKEN AVE.

CLEVELAND OH, 44119

(216) 481-4470

## RENTAL APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application.  
PLEASE PRINT CLEARLY.

### OCCUPANT(S)

Name \_\_\_\_\_

Co-Applicant \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_\_ ) \_\_\_\_\_

Any other occupants (Name, Age, Relationship)

Any other occupants (Name, Age, Relationship)

NAME	AGE	RELATIONSHIP
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NAME	AGE	RELATIONSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

### EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gross Monthly Salary \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gross Monthly Salary \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

**RENTAL HISTORY** (No Less Than Two Years)

Present Address \_\_\_\_\_  
Number Street Apt# City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Previous Address \_\_\_\_\_  
Number Street Apt# City State Zip

Rent \_\_\_\_\_ Own \_\_\_\_\_ Rental/Mortgage Amount Paid Monthly \_\_\_\_\_ From/To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Landlord Name/Mortgage Co. \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

.....  
**BANKING REFERENCE**

Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Address \_\_\_\_\_  
Number Street Apt# City State Zip

Account# \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Balance \_\_\_\_\_

.....  
**PERSONAL REFERNCES**

1) \_\_\_\_\_  
Name Number Street

\_\_\_\_\_  
City State Zip Relationship Phone #

2) \_\_\_\_\_  
Name Number Street

\_\_\_\_\_  
City State Zip Relationship Phone #

**OTHER INFORMATION**

1. Appliances (Do you need or do you have them?) \_\_\_\_\_

2. Pets (describe) \_\_\_\_\_

3. Water-filled Furniture (describe) \_\_\_\_\_

4. Vehicles/Boats to be parked on premises (make/model/year/license no.): \_\_\_\_\_

\_\_\_\_\_

5. In the past, have you been late in paying rent or other financial obligations? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

6. In the past, have you failed to perform any responsibility of a rental agreement or have you been a defendant in an eviction lawsuit? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The information on this application is true and correct to the best of my knowledge.

I hereby authorize Alfieri Management LLC. or its agents to verify the above information and obtain either a consumer or investigative credit report from AMSties, Inc.

**ALL APPLICANTS MUST SIGN BELOW:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....



**Applicant's Authorization to Conduct Background Check  
Disclosure and Release** today's date \_\_\_/\_\_\_/\_\_\_

In consideration of my application for leasing, employment, credit or other legitimate business transaction, I hereby give authorization to conduct any inquiries deemed necessary to verify the accuracy of the information submitted in my application. This authorization allows verification of the information through both public and private sources.

Names and dates of previous employers, reason for termination, work experience, accidents, and any other related information may be verified. I further understand and agree that requests for transcripts from educational insitutions may be requested, and verification of licenses or certifications may be ordered and examined. I understand that if I am denied *employment* as a result of these inquiries, I am entitled to be furnished with and examine any such record immediately. If I am denied any other benefit as a result of this inquiry I will be given a "LETTER OF ADVERSE ACTION" which will allow me to gain free access to those records directly from the file keeper of the information.

I understand that sources may report public information concerning my driving record, work compensation claims, credit history, bankruptcy proceedings, criminal records, or other files from federal or state agencies that maintain such records, as well as from private agency data-bases that collect those records. I have read the information on this page and I understand my rights under the Fair Credit Reporting Act and my right to privacy. Futhermore, I allow this verification freely and voluntarily.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY AMSties INC. TO FURNISH THE ABOVE-DESCRIBED INFORMATION; A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.**

**APPLICANT: TYPE OR PRINT CLEARLY:**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

SS # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

\*ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
# STREET TOWN STATE ZIP

**\*If less than two years included former address**

\*ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
# STREET TOWN STATE ZIP

**CO-APPLICANT: TYPE OR PRINT CLEARLY**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

SS # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

\*ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
# STREET TOWN STATE ZIP

**\*If less than two years included former address**

\*ADDRESS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
# STREET TOWN STATE ZIP

Applicant Signature X \_\_\_\_\_ Co-Applicant Signature X \_\_\_\_\_