



Hello,

Here is the application you have requested. We are very excited that you are choosing Pataskala Village Square Apartments to call home. Attached contains all the information needed for filling out the application and information on our community.

When filling out the EMPLOYMENT page, please just fill in the top portion above "DEAR EMPLOYER" and sign the bottom where it says "APPLICANT/APPLICANT SIGNATURE". I will take care of gathering the rest of the information. On the LANDLORD page, please only fill in the information from the beginning of the page, down to "APPLICANT SIGNATURE". I will gather the remaining information from this page as well.

When you send the application back to us, please also include a copy of all adults over 18's driver's License as well as social security card copies of all persons (including children) that will be residing in the home. Please also include a copy of all income received in the home, such as 4 most recent pay stubs for biweekly pay and 8 most recent for weekly pay. Any award letters for financial aid, SSI, Child supports, or any additional documents along these lines. If you have any additional questions, please feel free to call us at 740-927-1126.

Have a wonderful day and thank you again for choosing Pataskala Village Square Apartments.

Sincerely,

Pataskala Village Square Leasing Team

Pataskala Village Square Apartments

50 Coors Blvd.

Pataskala, Ohio 43062

P: 740-927-1126

F: 740-927-6533

E: pataskalavillagesquare@yahoo.com



A FORM OF STATE/GOVERNMENT ISSUED ID (18 AND OVER)

Driver License, state ID military ID, passport

PROOF OF INCOME

Most recent paystubs (4 bi-weekly) (8 weekly) with a new job, you may be required to
Bring a letter on company letterhead stating your salary and hours.

SOCIAL SECURITY DOCUMENTATION

Social Security cards or certified document from Social Security Administration
(everyone in the household)

*******Application**

Rental History-provide current landlord name and phone number

If current landlord is less than 3 years provide previous landlord information

Personal Reference- provide 2 related and 2 unrelated references



**SHOWE
MANAGEMENT
CORPORATION**

We welcome your application and want you to know the following:

To be accepted for residence in the Pataskala Green or Pataskala Village Square Community you must:

1. Demonstrate the ability to pay rent.
2. Demonstrate the ability to abide by the lease.
3. Demonstrate the ability to care for the unit.
4. Demonstrate the ability to cooperate with management.

The above are determined by:

1. Determining income from all sources.
2. Investigation your rental history.
3. Checking your credit history.
4. Checking your police record.
5. Checking your references.

When your application nears the top of our waiting list, we will complete the processing and notify you of your acceptance or rejection. If you have any questions regarding anything pertaining to living in our Community ask a member of our staff.

We want residents who meet our criteria and are willing to make a commitment to fulfill the requirements of the lease and take pride in making this a terrific place to live and raise a family.

**SHOWE MANAGEMENT CORPORATION
504 NON-DISCRIMINATION NOTICE**

IN ACCORDANCE WITH SECTION 504 of the Rehabilitation Act of 1973, Showe Management Corporation hereby notifies the general public that:

- 1.) No qualified individual with handicaps shall, solely on the basis of handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any federally assisted program or activity administered by Showe Management Corporation or this property;
- 2.) Showe Management Corporation and the property will provide employment opportunities, benefits, access to housing and other appropriate services in a manner that will not, directly or through contractual or other arrangements, subject qualified individuals with handicaps to discrimination solely on the basis of handicap; and
- 3.) Showe Management Corporation and the property will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with handicaps to discrimination solely on the basis of handicap.

It is the intention of Showe Management Corporation and the property to take reasonable, affirmative steps to increase access and opportunities for handicapped individuals in all programs, services and administrative operations. **Showe Management Corporation and the property have designated Donald L. Beebout and Andrew E. Showe to serve as 504 Coordinators. They can be reached by calling (614)481-8106.**

IF YOU HAVE A VISUAL, HEARING OR PHYSICAL IMPAIRMENT AND NEED ASSISTANCE WITH THIS NOTICE, THE 504 COORDINATORS LISTED ABOVE WILL PROVIDE APPROPRIATE ASSISTANCE.

TO SCHEDULE ASSISTANCE, PLEASE CALL (614)481-8106 BETWEEN THE HOURS OF 9:00 A.M. AND 5:00 P.M. IF YOU HAVE A HEARING IMPAIRMENT, PLEASE CALL 1-800-750-0750. ASSISTANCE TO INSURE EQUAL ACCESS TO THIS NOTICE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.



Notice to all Applicants: Options for Applicants with Disabilities or Handicaps

This property is managed by Showe Management Corporation. We are not permitted to, nor do we discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- > Making alterations (providing that such alterations do not cause an undue financial or administrative burden) to a unit so it could be used by a family member with a wheelchair;
- > Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- > Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
- > Making large type documents or a reader available to a vision impaired applicant during the application process;
- > Making a sign language interpreter available to a hearing impaired applicant during the interview;
- > Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Telecommunications Relay Services (TRS) #1-800-750-0750



OADH 4/08©



RENTAL APPLICATION

Applicant

Co-Applicant

Last Name _____ First _____ Initial _____

Last Name _____ First _____ Initial _____

Other names by which you have been known _____

Other names by which you have been known _____

Phone # _____

Phone # _____

Current Address _____

Current Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Social Security # _____

Social Security # _____

Alien Registration # _____

Alien Registration # _____

Driver's License # _____ State _____

Driver's License # _____ State _____

Date of Birth _____ Age _____

Date of Birth _____ Age _____

Marital Status: Single _____ Married _____

Marital Status: Single _____ Married _____

Widowed _____ Separated _____

Widowed _____ Separated _____

Apartment size desired: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ House _____

Children's Full Names	Date of Birth	Age	Sex	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

Applicant

Co-Applicant

Current Employer _____

Current Employer _____

Supervisor's Name _____

Supervisor's Name _____

Telephone # _____

Telephone # _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Job Title _____

Job Title _____

How Long? _____ Gross Weekly Income \$ _____

How Long? _____ Gross Weekly Income \$ _____

Previous Employer _____

Previous Employer _____

Supervisor's Name _____

Supervisor's Name _____

Telephone # _____

Telephone # _____

How Long? _____ Job Title _____

How Long? _____ Job Title _____

OTHER SOURCES OF INCOME & AMOUNTS

Social Security \$ _____

Supplemental Security Income \$ _____

Retirement/Pensions \$ _____

Investment Income \$ _____

Child Support Award \$ _____

Other Income \$ _____

Unemployment Compensation \$ _____

Other Income \$ _____

(OVER)

MOST RECENT RENTAL ADDRESS _____ City _____ State _____ Zip _____

Month/Year of Move In _____ Rent \$ _____ Is your rent past due? _____

If so, please explain: _____

Average cost of utilities: Gas \$ _____ Electric \$ _____ Is your bill past due? _____

If so, please explain: _____

Person's name used by Gas & Electric companies for billing: _____

Reason for moving: _____

Are you under EVICTION? _____ Reason for EVICTION: _____

Landlord _____ Telephone # of Landlord: _____

PREVIOUS RENTAL ADDRESS _____ City _____ State _____ Zip _____

Month/Year of Move In _____ Month/Year of Move Out _____ Rent \$ _____

Average cost of utilities: Gas \$ _____ Electric \$ _____ Was your bill past due? _____

If so, please explain: _____

Person's name used by Gas & Electric companies for billing: _____

Reason for moving: _____

Were you under EVICTION? _____ Reason for EVICTION: _____

Landlord _____ Telephone # of Landlord: _____

DO YOU OWE ANY PREVIOUS LANDLORD ANY MONEY? _____ Amount \$ _____ Please explain: _____

HAVE YOU EVER BEEN EVICTED? _____ If so, please explain: _____

CREDIT REFERENCES (If no credit references, give two unrelated personal references)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone # _____ Telephone # _____

Account # _____ Account # _____

HAVE YOU EVER DECLARED ANY FORM OF PERSONAL BANKRUPTCY? _____ If so, year _____

Reason _____

(Related)	PERSONAL REFERENCES	(Not Related)
Name _____	Name _____	Name _____
Telephone # _____	Telephone # _____	Telephone # _____
Address _____	Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Relationship _____ How long known? _____	Relationship _____ How long known? _____	Relationship _____ How long known? _____

AUTOMOBILE INFORMATION

Make _____ Model _____ Make _____ Model _____

Year _____ License # _____ Year _____ License # _____

DO YOU HAVE ANY PETS? _____ DO YOU HAVE A WATERBED? _____

Type of Pet _____ PLEASE NOTE: YOU MUST HAVE INSURANCE!!

IN CASE OF EMERGENCY PLEASE CONTACT: _____ Telephone # _____

Has any member of your household engaged in the illegal use of drugs? If yes, explain. Yes _____ No _____

Has any member of your household ever been convicted of illegal possession, manufacture, or distribution of illegal drugs or convicted of a criminal sexual offense? If yes, explain. Yes _____ No _____

Has any member of your household ever been convicted of any crime other than a minor traffic violation? If yes, explain. Yes _____ No _____

I/We hereby certify that the foregoing is true and correct to the best of our knowledge and belief, and I/We hereby authorize Show Management Corporation to make inquiries to verify any of the statements herein and to check my/our credit. I/We understand that falsification of any information requested may result in the rejection of the application. By signing this application, I/we authorize Show Management Corporation to use any credit reporting/screening agency to verify my/our credit history and to validate the accuracy of all information reported in this application. Further, my/our signature(s) below authorizes Show Management Corporation and any credit reporting/screening agency to exchange credit information and access my/our credit report during the term of my/our lease and any time after lease termination in the event of a default of any obligation of the lease.

Applicant _____ Co-Applicant _____

Date of Application _____ Interviewed by: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation. I understand and agree that this authorization or the information obtained with it's use may be given to and used to administer and enforce program rules and policies. I also consent for the manager to release information from my file about my rental history, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Residences and Rental Activity

Employment, Income and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Present and Previous Landlords
(including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Retirement Systems
Utility Companies

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Banks and other Financial Institutions
Credit Providers and Credit Bureaus

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review my/our file and correct any information that I/We can prove is incorrect.

I/We hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent attached to a copy of this consent.

SIGNATURES:

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date



RENTAL APPLICATION ADDENDUM

PLEASE NOTE:

By signing this addendum, you are authorizing your landlord/ management agent to use any credit reporting/ screening agency to verify your credit history and to validate the accuracy of all information reported in your application. Further, your signature below authorizes your landlord/ management agent and any credit reporting/ screening agency to exchange credit information and access your credit report during the term of your lease and anytime after lease termination in the event of a default of any obligation of your lease.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date





APPLICATION VERIFICATION AGREEMENT

By my signature below, I hereby authorize that Showe Management Corporation may verify any and all information stated on my application through Credit Bureau of Columbus (CBC) or FABCO. I consent to and am aware that a credit report and police report might be obtained in the verification process. I certify that all information given in the rental application is complete and accurate. I understand that any falsification, omission, or misrepresentation would be cause for denial of my application.

By my signature, I also authorize any current and previous employers and landlords to release any information pertaining to my employment and/or rental history to Showe Management Corporation through CBC or FABCO. I also agree the Showe Management Corporation may release all information pertaining to my rental history for future reference verification. I absolve all parties from any liability in connection with the release and use of such information.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Have you ever been evicted? Yes ___ No ___

Are you currently in a bankruptcy action? Yes ___ No ___

Have you ever been arrested (except for minor traffic violations)? Yes ___ No ___

Attention Applicant: You may make a written request to receive additional detailed information about the nature and scope of this verification process.

APPLICATION FEE ACKNOWLEDGEMENT

I, _____ here by acknowledge that the \$25.00 PER PERSON application fee paid to PATASKALA VILLAGE SQUARE APARTMENTS IS NON REFUNDABLE. The application fee is used to offset management expenses of procession the rental Application. These expenses include obtaining the credit report, criminal record check and other fees in order to process the application. If my application is approved, I understand that the \$ _____ fee Will not be applied to my security deposit, nor will it be applied to rent due.

Applicant

Date

Applicant

Date

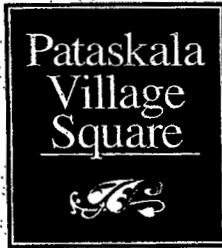
Applicant

Date

Applicant

Date





SATELLITE DISH CRITERIA

Under a Federal Communications Commission (FCC) order, you as our resident have a right to install a transmitting or receiving satellite dish or antenna on the leased premises, subject to FCC limitations. We as a rental-housing owner are allowed to impose reasonable restrictions relating to such installation such equipment. In order to obtain a satellite dish you must agree to offer proof of insurance \$500,000.00-\$1,000,000.00 which is the amount reasonably determined by us to accomplish that purpose. You must sign the satellite dish addendum, which contains the restrictions that you and we agree to and pay the additional \$300 deposit necessary to have a satellite dish.

Do you currently have a satellite dish service? Yes _____ No _____

Are you planning on obtaining satellite dish service here? Yes _____ No _____

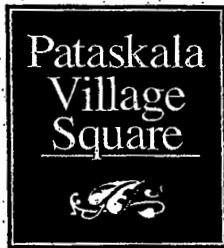
By signing this form you understand what is needed to obtain satellite dish service and agree to comply with all provisions prior to installing the satellite dish.

Signature of applicant

Date

Signature of applicant

Date



PET APPLICATION

Date: _____

Do you have a pet? Yes _____ No _____

Breed of Dog or Cat: _____ Age: _____

Color of Dog or Cat: _____ Weight: _____

Has the dog/cat ever destroyed any property? Yes _____ No _____

Is dog house broken? Yes _____ No _____

Is cat litter box trained? Yes _____ No _____

Has it ever been aggressive? Yes _____ No _____

Has it ever bit anyone? Yes _____ No _____

Does it growl at people/jump on them? Yes _____ No _____

Kept in a cage in the house when not at home? Yes _____ No _____

Dogs must be taken to the back to do their business, cats and dog's debris MUST BE CLEANED UP IMMEDIATELY.

There is an additional \$300 non-refundable pet fee, and \$25.00 per month pet rent.

If you decide to get a pet after move-in the pet must meet the pet criteria and be approved through the rental office beforehand.

Signature

Date

Signature

Date