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# CHELSEA VILLAGE APARTMENTS

701 Village Lane  
Defiance, OH 43512

419-784-5773  
fax 419-784-5776  
TTY: 800-750-0750

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Applicant,

Thank you for your interest in our community. We are accepting applications for our waiting list.

I have attached a brochure and information forms for the application process and the property info. I have also attached an application.

If you plan to apply, please call, or email when you have your application complete.

Thanks again for your interest! I look forward to helping you!

Vicki Winkle  
Property Mgr.

Email: [vwinkle@levingrp.com](mailto:vwinkle@levingrp.com)

# CHELSEA VILLAGE APARTMENTS

## RENTAL APPLICATION

APPLICATION DATE: \_\_\_\_\_ REQUESTED OCCUPANCY DATE: \_\_\_\_\_

LEASE TERM DESIRED: \_\_\_\_\_

PREFERRED RENT: \_\_\_\_\_

*(Lease Terms Less Than 12 Months Subject To Additional Monthly Fee)*

TYPE: \_\_\_\_\_ 2BR/1BA Flat \_\_\_\_\_ 2BR/1.5 BA Townhouse \_\_\_\_\_ 3BR/1.5BA Townhouse \_\_\_\_\_ 3BR/2BA Townhouse

### PLEASE COMPLETE THE FOLLOWING:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ S/S NO: \_\_\_\_\_

SPOUSE/ROOMMATE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ S/S NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

### NUMBER OF PERSONS LIVING IN APARTMENT

SELF: \_\_\_\_\_ HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

CHILDREN NAMES: \_\_\_\_\_

### RENTAL HISTORY

• CURRENT LANDLORD: \_\_\_\_\_ LANDLORD'S PHONE: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_, CITY \_\_\_\_\_, ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF OCCUPANCY: FROM \_\_\_\_\_ TO \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

• PRIOR LANDLORD: \_\_\_\_\_ LANDLORD'S PHONE: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_, CITY \_\_\_\_\_, ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF OCCUPANCY: FROM \_\_\_\_\_ TO \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

### EMPLOYMENT HISTORY

• CURRENT EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SALARY \_\_\_\_\_

• PRIOR EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SALARY \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**VEHICLE INFORMATION**

AUTOMOBILE OWNERSHIP: YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE PLATE NO: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Are you or any other person who will be occupying the Property required to register as a sex offender or child-victim offender?  Yes  No

Have you or any other person who will be occupying the Property ever been convicted of a sexually oriented offense or child-victim offense?  Yes  No

**FAIR CREDIT REPORTING ACT PRE-NOTIFICATION**

This is to advise you that part of our processing your application may include an investigative report whereby information is obtained through personal interviews with third parties, such as business associates, financial sources or friends. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living. You have the right to make a written request within a reasonable period of times for a complete disclosure of information concerning the nature and scope of the investigation.

The undersigned warrants and represents that he/she has read this application and that all statements herein are true and agrees if accepted to execute upon presentation a lease agreement in the usual form and on the terms and conditions therein stated, which lease, or agreement may be terminated by the Lessor if any statement made herein is not true.

\_\_\_\_\_  
APPLICANTS APPROVAL Date

\_\_\_\_\_  
APPLICANTS APPROVAL Date

***IT IS MANDATORY THAT THE SECURITY DEPOSIT PLUS FIRST MONTH'S RENT ARE PAID IN FULL BEFORE KEYS ARE ISSUED FOR OCCUPANCY.***

Application Accepted \_\_\_\_\_ Date: \_\_\_\_\_ Application Cancelled \_\_\_\_\_ Date: \_\_\_\_\_

Application Rejected \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**SECURITY DEPOSIT AGREEMENT**

Received from \_\_\_\_\_ and \_\_\_\_\_

Collectively referred to herein as "Applicants" the amount of \_\_\_\_\_ (\$ \_\_\_\_\_) ("Security Deposit")

The parties agree that the Security Deposit has been deposited with the Owner of Chelsea Village Apartments (the Property) in earnest of execution of a lease with Chelsea Village Limited Partnership for an apartment on the Property. The Applicants agree that upon execution of a lease for an apartment on the Property and upon their taking possession of such apartment, the entire Security Deposit shall be applied by Owner as a damage and performance deposit under the lease. In the event no lease is signed for the Property and / or the Applicants do not take possession of an apartment therein, Applicants understand and acknowledge by execution of this agreement the Security Deposit shall not be returned to them except for instances that an apartment is not available within two weeks of the desired move-in date or if the Applicants do not meet the tenant selection criteria.

APPLICANTS:

Chelsea Village Apartments  
Chelsea Village Ltd. Partnership by its agent The Levin Group, Inc.

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

Property Manager or Agent

CREDIT CHECK AND CRIMINAL BACKGROUND CHECK AUTHORIZATION:  
 CHELSEA VILLAGE APARTMENTS, 701 VILLAGE LANE, DEFIANCE, OHIO 43512



Name of Applicant	Social Security Number	Date of Birth	
	City	State	Zip Code
Name of Co- Applicant	Social Security Number	Date of Birth	
Current Address	City	State	Zip Code

Dear Applicant (Co- Applicant):

By signing below, you understand that as part of the application process your credit report will be obtained using the services through YARDI. Further, you understand that a criminal background (including registered sex offenders) search will also be requested. The information obtained from these two reports will be used to determine your acceptance as a resident at this apartment complex.

If your application is rejected as a result of either of these reports, or for any other reason, a separate letter detailing the reason will be sent to the address you provided on the application. If you disagree with the determination, you may request a review of the decision by writing to us at the above address within 14 days after the receipt of the denial letter.

Your signature below authorizes the managing agent of this apartment community to obtain a credit report and a criminal background search.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to the information that is no older than 10 years.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



# CHELSEA VILLAGE APARTMENTS

701 Village Lane  
Defiance, OH 43512  
EMAIL: vwinde@levingrp.com

419-784-5778  
fax 419-784-5776  
TTY: 800-760-0760

## LANDLORD VERIFICATION

Date: \_\_\_\_\_

To Landlord: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name-Address \_\_\_\_\_ Fax # \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_

Resident's Information: \_\_\_\_\_  
Print Name, Address \_\_\_\_\_  
You Rented \_\_\_\_\_  
\_\_\_\_\_

Resident Signature For Release of Information: \_\_\_\_\_

Resident Signature For Release of Information: \_\_\_\_\_

The above-identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a resident at your property.

As indicated by the signature above, the resident consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

- 1.) How long has/did the above resident reside at this address? \_\_\_\_\_  
From date: \_\_\_\_\_ to date: \_\_\_\_\_
- 2.) What is/was the monthly rental rate? \_\_\_\_\_
- 3.) Has the resident ever been behind in monthly rent? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_ Was legal action taken? \_\_\_\_\_
- 4.) Does/ Did Applicant leave owing you money? Rent \$ \_\_\_\_\_ Damages \$ \_\_\_\_\_
- 5.) Does/did the resident get along with neighbors in the community? \_\_\_\_\_
- 6.) Does/did the resident maintain desirable living conditions? \_\_\_\_\_
- 7.) If this resident moved and re-applied for housing from you in the future, would you rent to him/her again? \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form

Relationship to Applicant

Print Name of person completing form

Date: \_\_\_\_\_

PLEASE RETURN BY FAX/ EMAIL