



The Vineyards  
*of*  
Broadview Heights

**GUIDELINES FOR COMPLETING YOUR LEASE APPLICATION**

- Rental application must be filled out completely, including driver's license and social security numbers. Do not leave any blanks.
- Print legibly and answer *all* questions completely and truthfully.
- All addresses *must* include city, state and zip code.
- *All* occupants who will be living in the apartment must be listed.
- **Documentation and/or verification of monthly income must be provided either in the form of pay stubs (copies of your last two), an offer letter, or liquid assets equal to two (2) years rental obligation.**
- Applicants who are self employed may provide copies of their Schedule C and/or bank/financial statements showing monthly income.
- Statement of benefits and/or a letter of verification from a government and/or court appointed agency or your employer may be submitted as documentation of spousal/child support and/or social security/disability and/or pension benefits.
- **A non-refundable application fee of \$50.00 per person is due for each application - check or money order, only.**

YOU MAY FAX, MAIL, OR DROP OFF YOUR APPLICATION TO THE LEASING OFFICE ALONG WITH A **PERSONAL CHECK OR MONEY ORDER** MADE OUT TO *THE VINEYARDS*. **NO CASH!** AFTER HOURS, A DROP SLOT IS LOCATED ON THE DOOR FOR THE MODEL APARTMENT, TWO DOORS TO THE RIGHT OF THE LEASING OFFICE. OUR MAILING ADDRESS AND FAX NUMBER ARE LISTED BELOW.

**\* RENTERS INSURANCE WITH MINIMUM PERSONAL LIABILITY OF \$100,000 IS REQUIRED AND WILL BE VERIFIED. "THE VINEYARDS" MUST BE LISTED AS ADDITIONAL INTEREST.**

**\*ADDITIONAL FEES & DISCOUNTS:**

- + \$150 per month - 3 month lease, + \$100 per month - 6 month lease, + \$50 per month - 9 month lease
- \$25 per month off rent - Senior Discount

THANK YOU IN ADVANCE FOR YOUR COOPERATION.

1200 Vineyard Drive Suite 301 • Broadview Heights, Ohio 44147 • Tel: 440.237.3911 • Fax: 440.237.1650  
vineyards.gapts@gmail.com

**RENTAL APPLICATION**

**GREENBURG FUCHS MANAGEMENT, INC.**

Community Name: \_\_\_\_\_  
 Address Leased: \_\_\_\_\_ Consultant: \_\_\_\_\_

<b>APPLICANT (Include Jr. or Sr., if applicable)</b>		
Applicant Name (first, MI, Last): _____		Individual Joint Guarantor
Social Security No: _____	Date of Birth: _____	
Driver's License No. /State _____	Vehicle Make/Model/Year/Tag #: _____	
Address (Street, City, County, State, and ZIP Code): _____ _____		Reason for Moving: _____ How did you hear about us? _____
Home/Cell Phone: _____	Work Phone: _____	E-Mail Address: _____
Have you ever been convicted of a felony? (Circle one) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Have you ever been evicted? (Circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently? (Please circle) Own <input type="checkbox"/> Rent <input type="checkbox"/> From: _____ To: _____		
Present Landlord/Mortgagee: _____		Monthly Amount: \$ _____
Landlord Phone: _____		
<b>EMPLOYMENT/INCOME INFORMATION</b>		
Employer: _____ From: _____ To: _____		
Address: _____		Personal Phone: _____
Position/Title/Type of Business: _____		Gross Monthly Income: \$ _____
Additional Monthly Income: Type: _____		Amount: _____
Name of Bank: _____		Type: _____
<b>PERSONS TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT(S)</b>		
Name: _____		
Name: _____		
Name: _____		
Pet: (Please circle) Yes <input type="checkbox"/> No <input type="checkbox"/> Type/Breed: _____	<i>Separate pet addendum required.</i>	Size/Weight: _____
<b>IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:</b>		
Local Contact Name: _____ Relationship: _____		
Address: _____		Phone Number: _____
<b>APARTMENT INFORMATION:</b> Total Number of Occupants: _____		
No. of Bedrooms: _____ Type of Unit/Preferences: _____		Date Needed: _____
<b>ACKNOWLEDGEMENT AND AGREEMENT</b>		
<p>I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit will be applied to funds due at move-in and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is canceled in writing within 72 hours the Application Deposit shall be refunded. If this Application is canceled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is not refundable. Applicant agrees that Greenburg Fuchs Management, Inc. shall not be liable for any delay in the date said apartment is ready for occupancy. Applicant represents that all the statements herein are true and authorized Greenburg Fuchs Management, Inc (GFMI), and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for rejection of this Application, terminating the right of occupancy, and may constitute a criminal offense under the laws of this state. Applicant agrees to notify GFMI of any material change in the information provided on this Application. GFMI may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources.</p>		
Applicant's Signature: _____		Date: _____
Management Representative Signature: _____		Date: _____ Time Received: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/> By: _____	Position: _____ Date: _____	
(Please Circle One) Conditions: _____		
<b>OFFICE USE ONLY:</b>	Application Fee: \$ _____	Application Deposit: \$ _____ Total Received: \$ _____
<b>FUNDS COLLECTED:</b>	Receipt Number: _____	Estimated Total Monthly Rent: \$ _____

**Equal Housing Provider**

QUALIFICATION CRITERIA

VINEYARD APARTMENTS  
1200 Vineyard Drive, #301  
Broadview Heights, OH 44147

PHONE: (440) 237-3911 FAX: (440) 237-1650

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All applicants will be approved on the following basis:

- 1.) Applicant must be of legal age, twenty-one (21) years or older. Everyone who is residing in the apartment and is over the age of 18 must submit an application.
- 2.) Management requires a valid driver's license, military ID, or may require two other forms of ID. Management reserves the right to require additional forms of identification.
- 3.) Must present **2 most recent** paycheck stubs from current employer or social security checks. If starting a new job, a letter of employment offer or award letter is required.
- 4.) Applicant with little or no income can satisfy the income standard by proving that they possess liquid assets equal to **2 years** rental obligation.
- 5.) Applicant must submit to a credit check and be in good standings within the past **3** years. If not in good credit standings, the result may be cause for rejection.
- 6.) Applicant must not have filed Chapter 13 or any form of bankruptcy within the past two (2) years. Proof of discharge may be required. Applicants with negative history after the filing of bankruptcy will automatically be denied.
- 7.) Applicant must not have unsatisfactory eviction proceedings.
- 8.) Applicant must not have an unsatisfactory utility collection.
- 10.) Gross monthly income must equal **3.0 times** the market rent (not reduced or promotional rent) for all applicants. The monthly rent qualifier for a guarantor is **5.0 times** the market rent. Income qualifier is based on gross monthly income without commissions or tips.
- 11.) A guarantor is required for a full-time student whose sole income is from a parent.
- 12.) Personal checks must be in the name of the person applying. All monies due at move-in will be in **certified funds** (cashier's check or money order).
- 13.) Must observe the following occupancy standards:
  - 1 Bedroom Apartment: Maximum of two (2) occupants
  - 2 Bedroom Apartment: Maximum of four (4) occupants

By signing below, applicant(s) acknowledge(s) that their lease application will be approved on the basis of the above information. Falsification of any information on the lease application will result in immediate rejection. Applicant(s) also agree to submit any documentation necessary to complete the lease application with twenty-four (24) hours of the application date. All information must be verifiable.

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

\_\_\_\_\_  
Vineyards Staff

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

\_\_\_\_\_  
Date of Application

**EQUAL HOUSING PROVIDER**