South Euclid Municipal Court 1349 South Green Rd. South Euclid, OH 44121

Phone: (216) 381-2880; Fax: (216) 381-1195

APPLICATION BY TENANT TO DEPOSIT RENT

NAME AND ADDRESS OF TENANT:		NAME AND ADI	DRESS OF LANDLORD OR AGENT:
Tenant's Phone Number:		Landlord or Age	nt's Phone Number:
	ction 5321.07(B) and (B)(1) of the	-	make application to deposit all rent that is due al Court.
Date:		ature of Tenant:	
AFFIDAVIT IN SU	PPORT OF APPLICATION	. APF	PLICATION #
The undersigned, being my knowledge:	g first duly cautioned and sworn or	affirmed, according to law, sa	ays the following facts are true to the best of
1.	Landlord did NOT supply me with notice in writing that I am party to any rental agreement, which covered three or fewer dwelling units. (O.R.C.§5321.07(C))		
2.	2. I gave notice, in writing, to my landlord as prescribed in O.R.C§5321.07(A). (Copy of this notice is attached hereto.)		
3.			
4.	in the amount of \$ (O.R.C.§5321.07(B)). 4. I am deposited rent for the following reason(s):		
		Oime d	
		Signea:	
Sworn or affirmed to be	efore me and signed in my presend	ce this day of	, 20
			Evan Szirony, Clerk of Court
			Deputy Clerk of Court