

Michigan Rental Application

	PROP:	
	APT#:	
	RENT:	
	AGENT:	
	MOVE IN DATE:	

APPLICANT INFORMATION

PRIMARY

NAME

(LAST) (FIRST) (MI)

PHONE

(HOME) (BUSINESS)

SS# DRIVERS LICENSE# STATE

MARITAL STATUS: SINGLE MARRIED SEPARATED BIRTH DATE

SPOUSE

NAME

(LAST) (FIRST) (MI)

PHONE

(HOME) (BUSINESS)

MAIDEN NAME SS# DL# STATE

BIRTHDATE

OTHER OCCUPANTS

NAME

(LAST) (FIRST) (MI)

AGE BIRTH DATE

NAME

(LAST) (FIRST) (MI)

AGE BIRTH DATE

NAME

(LAST) (FIRST) (MI)

AGE BIRTH DATE

NAME

(LAST) (FIRST) (MI)

AGE BIRTH DATE

PRIMARY APPLICANT

PRESENT EMPLOYER

COMPANY SUPERVISOR PERSONAL PHONE#

ADDRESS START DATE

POSITION MONTHLY GROSS INCOME \$

PREVIOUS EMPLOYER

COMPANY SUPERVISOR PERSONAL PHONE#

ADDRESS START DATE

POSITION MONTHLY GROSS INCOME \$

PRESENT ADDRESS

ADDRESS CITY STATE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

PREVIOUS ADDRESS

ADDRESS CITY STATE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

PREVIOUS ADDRESS

ADDRESS CITY STATE PHONE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

PREVIOUS ADDRESS

ADDRESS CITY STATE PHONE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

SPOUSE

PRESENT EMPLOYER

COMPANY SUPERVISOR PERSONAL PHONE#

ADDRESS START DATE

POSITION MONTHLY GROSS INCOME \$

PREVIOUS EMPLOYER

COMPANY SUPERVISOR PERSONAL PHONE#

ADDRESS START DATE

POSITION MONTHLY GROSS INCOME \$

PRESENT ADDRESS

ADDRESS CITY STATE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

PREVIOUS ADDRESS

ADDRESS CITY STATE PHONE ZIP

APARTMENT OR LANDLORD NAME PHONE

RESIDENCY DATES START END RENT \$

WILL YOU HAVE A PET IN THE APARTMENT? YES OR NO DESCRIPTION

LEASE FILE INFORMATION

NEAREST RELATIVE

NAME

(LAST)(FIRST)(MI)

HOME PHONE

ADDRESS

WORK PHONE

EMERGENCY CONTACT

(other than above)

NAME

(LAST)(FIRST)(MI)

HOME PHONE

ADDRESS

WORK PHONE

PERSONAL DESCRIPTION

PRIMARY APPLICANT

HEIGHT

WEIGHT

HAIR

EYES

SPOUSE

HEIGHT

WEIGHT

HAIR

EYES

VEHICLE DESCRIPTION

VEHICLE 1:

MAKE

MODEL

YEAR

LICENSE#

STATE

VEHICLE 2:

MAKE

MODEL

YEAR

LICENSE#

STATE

BANK

PRIMARY

NAME OF BANK

PHONE#

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

SPOUSE

NAME OF BANK

PHONE#

CHECKING ACCOUNT #

SAVINGS ACCOUNT #

OTHER INCOME AND AMOUNT:

(indicate checking or savings)

(Verification will be requested. Please list any SSI, Pension, Disability, Student Grants, Dividends, Etc.)

FULL TIME / PART TIME STUDENT

YES

NO

Please circle: FT OR PT

How many hours are you taking

What is FT hourly requirement for your school

QUALIFYING QUESTIONS

YES

NO

STATE

1. HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED FROM RENTAL HOUSING? If yes, List State

2. HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME? If yes, List State

3. WILL THERE BE ANY OTHER OCCUPANTS OVER 18 YEARS OF AGE OTHER THAN THOSE LISTED ABOVE?

RELEASE: I understand that I acquire no rights in an apartment until I sign this agreement and submit a reservation deposit in the amount of \$

Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit, in consideration for landlord holding said apartment at

If application withdraws the application, a fee of \$ will be retained by Landlord. If approved and the rental unit is held for applicant for more than 3 days after approval and the applicant withdraws the application, all monies deposited shall be forfeited to the Landlord.

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request , you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act.

We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize to obtain all reports and verifications necessary to verify all information put fourth in the above application and to furnished all information to the landlord named above.

Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver possession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed date for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no obligation to deliver possession of another apartment. By my signature below, I certify that I have read and understand the terms of this rental application. I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. Equal Housing Opportunity

Future Resident Signature

DATE

AUTHORIZED CONSULTANT

DATE

Future Resident Signature

DATE

MANAGER APPROVAL

DATE

Faxed application to screening company

Approved

Informed Applicant

Manager Approval