

RENTAL APPLICATION

**ALL CO-APPLICANTS OVER 18 YEARS OF AGE
MUST FILL OUT A SEPARATE RENTAL APPLICATION FORM &
PAY A SEPARATE APPLICATION FEE**

| | |
|-------------------------|-----------------|
| RENTAL PROPERTY: | |
| BED/BATH: | MO RENT: |
| MOVE-IN DATE: | |
| EMAIL: | |

| | | | | | |
|-------------|-------|--------------|--------------------|-----|--|
| Name | | | Home Phone | | |
| Street | | | Cell | | |
| City | | State | | Zip | |
| Do You Own? | Rent? | Monthly Rent | Driver's License # | | |

CURRENT LANDLORD OR MORTGAGE HOLDER

| | | | | | |
|-------------------------------------|--|-------|--|-----------------|--|
| Current Landlord or Mortgage Holder | | Phone | | Dates From: To: | |
| Street | | City | | State Zip | |

LIST 2 PRIOR ADDRESSES & LANDLORDS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS)

| | | | | | |
|--------------------|--|-------|-------------|-----------------|--|
| Your Prior Address | | | Rent Amount | | |
| Name of Landlord | | Phone | | Dates From: To: | |
| Street | | City | | State Zip | |

| | | | | | |
|--------------------|--|-------|-------------|-----------------|--|
| Your Prior Address | | | Rent Amount | | |
| Name of Landlord | | Phone | | Dates From: To: | |
| Street | | City | | State Zip | |

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT INCLUDING YOURSELF

| Name | Date of Birth | Social Security # | Relationship to Head of House |
|------|---------------|-------------------|-------------------------------|
| | | | Head |
| | | | |
| | | | |
| | | | |

PERSONAL REFERENCE

CONTACT IN CASE OF EMERGENCY

| | |
|---------|---------|
| Name | Name |
| Address | Address |
| Phone | Phone |

VEHICLE INFORMATION

EMPLOYMENT INFORMATION

| | | |
|--------------|----------------------------|-----------------------|
| Make: Model: | Current Employer: | Position: |
| Year: Color: | How Long at this Employer: | Supervisor / Phone #: |
| Make: Model: | Previous Employer: | Position: |
| Year: Color: | How Long at this Employer: | Supervisor / Phone #: |

| | |
|---|--|
| Current Estimated Gross Monthly Income (NOT NET) | Other Sources of Income Other than Employer |
| Have You Ever Been Convicted of a Felony? | Have You Ever Filed Bankruptcy? |
| Have You Ever Been Evicted? | Waterbed? |
| Any Pets? | Describe: |
| Bank | Account # |

Please ensure that this application is completely filled out to the best of your ability, including the rental property information in the upper right corner.

THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT ALL STATEMENTS MADE ARE TRUE AND AGREES THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING, THE APPLICATION CAN BE DENIED AND/OR THE LEASE TERMINATED AT A LATER DATE. THE UNDERSIGNED ALSO AGREES THAT WE HAVE THE RIGHT TO VERIFY ANY AND ALL INFORMATION GIVEN ABOVE WITH THE APPROPRIATE PERSON OR AGENCY, INCLUDING BUT NOT LIMITED TO A COMPLETE CREDIT REPORT AND CRIMINAL HISTORY REPORT.

| | |
|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|-------------------------|-------|

RENTAL APPLICATION DEPOSIT RECEIPT

I, _____, have paid **\$50.00, \$25.00** of which is to be applied to my security deposit at the time of my move-in to apartment _____.

Of this deposit of **\$50.00, \$25.00** is refundable upon the following conditions:

- 1. Prospective tenant is not approved.
- 2. If approved, it may be applied to rent.

If the prospective tenant cancels after landlord has taken the time, expense and trouble to check the tenant out, the deposit is NOT refunded; landlord will keep the deposit to pay for time and trouble.

| | |
|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|-------------------------|-------|

| | |
|--------------------|-------|
| LANDLORD OR AGENT: | DATE: |
|--------------------|-------|

| | |
|---------------------------|------------------|
| AMOUNT OF MONEY RECEIVED: | CASH OR CHECK #: |
|---------------------------|------------------|

| | |
|--|-------|
| REFUNDED OR APPLIED TO SECURITY DEPOSIT: | DATE: |
|--|-------|

| |
|--|
| |
|--|

MAKE APPLICATION DEPOSIT PAYABLE TO:

Sarah Clous
PO Box 5122
TRAVERSE CITY, MI 49696

| |
|-----------------------------|
| SPECIAL NOTES / PROVISIONS: |
|-----------------------------|