	Equai
OFFICE USE ONLY: Applicant Guarantor/Cosigner Applicant/Prospect CODE: Tenant CODE:	Housing
	Opportunity
	opportunity

Rental Application

NOTICE TO APPLICANT(S): Please complete all sections of this Application to completion so that we and our credit reporting providers can verify & process your information. This information, along with all other available information, is used to provide Credit Scores which are factored into the approval process. A completely filled out Application will speed up processing time. Incomplete or inaccurate sections may result in you not being able to obtain an approval. This application will have a decision made, based on the following criteria: Credit Score, Income Amount, Income Stability, Number of Occupants, Rental History, Past Due Amounts, Judgments, Public Records (Liens, Criminal Records Bankruptcy, Sexual Offender Registry, etc.). Your Credit Scores will determine the extent to which the above items are reviewed. This may result in a Security Deposit amount which is higher, or lower, than the standard advertised rate. This may also result in more documentation being required to establish the reported or stated information.

If you feel your application or treatment has been handled improperly, in any way, please write to this address:

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Resident Relations

PO Box 472

Lapeer, MI 48446

PLEASE FILL OUT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON ALL DOCUMENTS Name: Name: Birth Date: _____(mm/dd/yyyy used only as a cross-reference to verify identity) Birth Date: (mm/dd/yyyy used only as a cross-reference to verify identity) Social Security Number:_____-__ Social Security Number:____-_ Cell Phone #: () -Cell Phone #: () -Home#: () - Work# () -Home#: () - Work# () -Email:____ Email: Current Address:____ Current Address:____ Dates lived at this address: Dates lived at this address: Rental* Owned Relative Other: Rental* Owned Relative Other: *If a rental, please provide a landlord name and phone number: *If a rental, please provide a landlord name and phone number: Was 30 day notice given? Yes No N/A Was 30 day notice given? Yes No N/A IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN TWO (2) YEARS, PLEASE COMPLETE THIS SECTION: Prior Address:______# & Street Prior Address:____ Dates lived at this address: Dates lived at this address: month year to ____/ Rental* Owned Relative Other: Rental* Owned Relative Other: *If a rental, please provide a landlord name and phone number: *If a rental, please provide a landlord name and phone number: Name: () -Was 30 day notice given? Yes _____ No____ N/A_____ Was 30 day notice given? Yes _____ No____ N/A__

Employer/Source of Income:	Employer/Source of Income:					
Dates: / to / month(mm) year(yyyy) month(mm) year(yyyy)	Dates: / to / month(mm) year(yyyy) to month(mm) year(yyyy)					
month(mm) year(yyyy) month(mm) year(yyyy)	month(mm) year(yyyy) month(mm) year(yyyy)					
Contact Person:	Contact Person:					
Phone #: () - Fax #: () -	Phone #: () - Fax #: () -					
Income Amount: \$ per	Income Amount: \$ per					
	FOR LESS THAN TWO (2) YEARS, OR, YOU HAVE ADDITIONAL					
	SIDERED, PLEASE COMPLETE THIS SECTION:					
Employer/Source of Income:	Employer/Source of Income:					
Dates: / to / month year month year	Dates: / to / month year month year					
Contact Person:	Contact Person:					
Phone #: () - Fax #: () -	Phone #: (<u>) -</u> Fax #: (<u>) -</u>					
Income Amount: \$ per	Income Amount: § per					
Full-time Part-time Seasonal Other: Attach documentation of this income: Paystubs (2 most	Full-time Part-time Seasonal Other:					
recent), W-2s (Most recent and 1 prior if from the same employer),						
Bank Statements or other documentation.	Statements or other documentation.					
DECHIDI	DOLLECTIONS					
REQUIRI	D QUESTIONS					
 Have eviction proceedings ever been filed against you? No Yes – Attach Explanation Are you or any other proposed occupants/leaseholders required to register as a Registered Sex Offender? No Yes – Attach Explanation Have you been convicted of a felony? No Yes – Attach Explanation Do you have any criminal charges pending, awaiting disposition, or looming in any way? No Yes – Attach Explanation Have you filed a Bankruptcy within the last five years? No Yes – Attach Explanation Have you ever used any names other than your currently listed name? No Yes – List: Do you have Renter's Insurance? No Yes – List Carrier: 	 Have eviction proceedings ever been filed against you?					
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		VEHICLES						
Vehicle Make	Model	Color		Year	License	<u>State</u>		
1								
2								
3								
LIST ALL OTHER PERSONS THAT WILL BE LIVING WITH YOU (OTHER THAN THE APPLICANTS ON THIS FORM):								
Name: First La	st	Age	Relationship					
Name: First La	st	Age	Relationship					
Name: First La	ıst	Age	Relationship					
Name: First La	ist	Age	Relationship					
PLEA	SE PROVIDE AN EME	ERGENCY CONTA	ACT (NOT	RESIDING W	TTH YOU):			
		() -						
Name: First Last		Phone			Relationship			
Address		City	tate Zip	,				
4	APPLICANT AUTHO	ORIZATION AN	D ENTR	Y FEE AGREE	MENT_			
I hereby authorize								
Applicant's Signature:		A	pplicant's	Signature:				
Dated:				8				
Entry Fee Paid: \$								

Equal Housing Opportunity