Tenant CODE:

Equal

Housing Opportunity

Rental Application

<u>NOTICE TO APPLICANT(S)</u>: This application will have a decision made, based on the following criteria: Credit Score, Income Amount, Income Stability, Number of Occupants, Ownership/Rental History, Payment History, Charge-offs, Collections, Judgments, and Public Records (Liens, Criminal/Civil Records, Bankruptcy, Sexual Offender Registry, etc.). Your Credit Scores may determine the degree to which other criteria are factored. If approved, this may result in a higher or lower security deposit than the standard advertised rate. This may also require more documentation to establish the reported or stated information.

Please complete <u>all sections</u> of this Application so that we and our credit reporting providers can verify & accurately process your information. This information and all other available records are factored into the application process. A complete Application and supporting documentation, can speed up processing time. Incomplete or inaccurate sections may result in a declined application.

If you feel your application or treatment has been handled improperly, in any way, please write to this address: Resident Relations: comments@mi-apartments.com or PO Box 472 Lapeer, MI 48446

PLEASE FILL OUT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON ALL DOCUMENTS					
Name:	Name:				
First Middle Last	First Middle Last				
Birth Date: <u>(mm/dd/yyyy</u> used only as a cross-reference to verify identity)	Birth Date: <u>(mm/dd/yyyy</u> used only as a cross-reference to verify identity)				
Social Security Number:	Social Security Number:				
Cell Phone #: () -	Cell Phone #: () -				
Home#:_(Work# (Home#: <u>()</u> - Work#() -				
Email:	Email:				
Current Address:# & Street	Current Address: # & Street				
City State Zip	City State Zip				
Dates lived at this address:	Dates lived at this address:				
month(mm) year(yyyy) to ///////////////////////////////////	/to/month(mm)year(yyyy)wonth(mm)year(yyyy)				
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 <u>: () -</u>	Name <u>: () -</u>				
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:# & Street				
City State Zip	City State Zip				
Dates lived at this address:	Dates lived at this address:				
to month(mm) year(yyyy) month (mm) year(yyyy)	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 <u>: () -</u>	Name <u>:</u> () -				
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) ver(yyyy)	Dates: / to / month(mm) year(yyyy) to worth(mm) year(yyyy)						
Contact Person:	Contact Person:						
Phone #: (Fax #: (Phone #: (
Income Amount: <u>\$</u> per Full-time Part-time Seasonal Other: Attach documentation of this income: Paystubs (2 most recent), W-2s (Most recent and 1 prior if from the same employer), Bank Statements or other documentation.	Income Amount: <u>\$</u> per Full-time Part-time Seasonal Other: Attach documentation of this income: Paystubs (2 most recent), W-2s (Most recent and 1 prior if from the same employer), Bank Statements other documentation.						
IF YOUR INCOME/EMPLOYMENT LISTED ABOVE HAS BEEN FOR LESS THAN TWO (2) YEARS, OR, YOU HAVE ADDITIONAL INCOME YOU WOULD LIKE TO HAVE CONSIDERED, PLEASE COMPLETE THIS SECTION:							
Employer/Source of Income:	Employer/Source of Income:						
Dates: / to / month year to /	Dates: / to / month year month year						
Contact Person:	Contact Person:						
Phone #: (Phone #: (Fax #: (
Income Amount: <u>\$</u> per	Income Amount: <u>\$</u> per						
Full-time Part-time Seasonal Other:	Full-timeSeasonalOther:						
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		VEHICLES					
Vehicle Make	Model	Color	Year	License	State		
1							
2							
3	I						
LIST ALL OTHER PERSONS THAT WILL BE LIVING WITH YOU (OTHER THAN THE APPLICANTS ON THIS FORM):							
Name: First	Last	Age Re	lationship				
Name: First	Last	Age Re	lationship				
Name: First	Last	Age Re	lationship				
Name: First	Last	Age Re	lationship				
PLE	ASE PROVIDE AN EN	MERGENCY CONTACT	(NOT RESIDING WI	<u>TH YOU):</u>			
Name: First L	ast			Relationship			
	ast	THORE		relationship			
Address		City State	Zip				
	APPLICANT AUTH	IORIZATION AND E	NTRY FEE AGREEN	AENT			
I hereby authorize, or any of its providers and affiliates to obtain information on all the following items, by contacting any references necessary to evaluate renting risks: *- Credit Report and associated background checks *- Rental History & Verification; and hold current and prior landlords harmless for information provided *- Employment - Income Verification and hold current and prior employers harmless for information provided *- Employment - Income Verification and hold current and prior employers harmless for information provided *- Employment - Income Verification and hold current and prior employers harmless for information provided I hereby release all references to give, or any of its providers and affiliates all requested information pertaining to this Rental Application. I also certify that all above and attached information is correct. I understand that any lies, errors, or misrepresentations made by me on this application or otherwise provided information is grounds for denying this Application or, termination of the lease, if one is entered into. The Entry Fee is applied to administrative costs expended in obtaining, analyzing, and investigating information found on this application, credit report(s), income verification(s), and any other documentation provided to determine rental risks. This Entry Fee is not applied to rent, security deposits, painting, or cleaning. It is non-refundable under any circumstances. If occupancy is delayed by more than 90 days, re-application and/or re-verification as well as another Entry Fee may be necessary. Applicant's Printed Name:							
NHF100_02.2021							
Equal Housing Opportunity							