

Equal  
Housing  
Opportunity

OFFICE USE ONLY:  Applicant  Guarantor/Cosigner Applicant/Prospect CODE: Tenant CODE:

# 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:  
**Resident Relations PO Box 472 Lapeer, MI 48446**

**PLEASE FILL OUT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON ALL DOCUMENTS**

Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ (mm/dd/yyyy used only as a cross-reference to verify identity)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: ( ) - \_\_\_\_\_

Home#: ( ) - \_\_\_\_\_ Work# ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
# & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates lived at this address:  
 \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month(mm) year/yyyy month(mm) year/yyyy

Rental\*  Owned  Relative  Other: \_\_\_\_\_

\*If a rental, please provide a landlord name and phone number:  
 Name: \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Was 30 day notice given? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ (mm/dd/yyyy used only as a cross-reference to verify identity)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: ( ) - \_\_\_\_\_

Home#: ( ) - \_\_\_\_\_ Work# ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
# & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates lived at this address:  
 \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month(mm) year/yyyy month(mm) year/yyyy

Rental\*  Owned  Relative  Other: \_\_\_\_\_

\*If a rental, please provide a landlord name and phone number:  
 Name: \_\_\_\_\_ ( ) - \_\_\_\_\_  
 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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates lived at this address:  
 \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month(mm) year/yyyy month (mm) year/yyyy

Rental\*  Owned  Relative  Other: \_\_\_\_\_

\*If a rental, please provide a landlord name and phone number:  
 Name: \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Was 30 day notice given? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Prior Address: \_\_\_\_\_  
# & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates lived at this address:  
 \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

Rental\*  Owned  Relative  Other: \_\_\_\_\_

\*If a rental, please provide a landlord name and phone number:  
 Name: \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Was 30 day notice given? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

\*\*\*\*\*

Employer/Source of Income: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
month(mm) year(yyyy) month(mm) year(yyyy)

Contact Person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Income Amount: \$ \_\_\_\_\_ 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.**

Employer/Source of Income: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
month(mm) year(yyyy) month(mm) year(yyyy)

Contact Person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Income Amount: \$ \_\_\_\_\_ 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.**

**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: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year month year

Contact Person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Income Amount: \$ \_\_\_\_\_ 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.**

Employer/Source of Income: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year month year

Contact Person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Income Amount: \$ \_\_\_\_\_ 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.**

**REQUIRED 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?  
 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?  
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 No  Yes – Attach Explanation
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 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: \_\_\_\_\_

**PETS**

Type (dog/cat/other)	Weight (lbs)	Color	Name	Breed	Gender
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

**VEHICLES**

	Vehicle Make	Model	Color	Year	License	State
1.						
2.						
3.						

**LIST ALL OTHER PERSONS THAT WILL BE LIVING WITH YOU (OTHER THAN THE APPLICANTS ON THIS FORM):**

_____ Name: First	_____ Last	_____ Age	_____ Relationship
_____ Name: First	_____ Last	_____ Age	_____ Relationship
_____ Name: First	_____ Last	_____ Age	_____ Relationship
_____ Name: First	_____ Last	_____ Age	_____ Relationship

**PLEASE PROVIDE AN EMERGENCY CONTACT (NOT RESIDING WITH YOU):**

\_\_\_\_\_  
Name: First                      Last                      (   )   -                      Phone                      Relationship

\_\_\_\_\_  
Address                      City                      State                      Zip

**APPLICANT AUTHORIZATION AND ENTRY FEE AGREEMENT**

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

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: \_\_\_\_\_  
\*\*Print your name as you will be signing - on all documents \*\*

Applicant's Printed Name: \_\_\_\_\_  
\*\*Print your name as you will be signing - on all documents \*\*

Applicant's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Entry Fee Paid: \$ \_\_\_\_\_  
Amount                      Date

\_\_\_\_\_  
Acknowledged by (Agent for Landlord)

