

OFFICE USE ONLY:	APPLICANT CODE:	TENANT CODE:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Cosigner
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Equal Housing Opportunity

Rental Application

Sugar Creek Apartments
989-673-0515

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

Social Security Number: _____ - _____ - _____

Birth Date**: _____ Home Phone #: _____
 **: This date is used only as a cross-reference to insure proper identification

Work/Cell Phone #: _____

Email Address: _____

Current 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:

 #:

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, W-2s, Bank Statements, etc.

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First Middle Last

Social Security Number: _____ - _____ - _____

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month year month year

Contact Person: _____

Phone #: _____ Fax #: _____

Income Amount: \$ _____ per _____
 Full-time Part-time Seasonal Other: _____

Attach documentation of this income: Paystubs, W-2s, Bank Statements, etc.

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 year month year

Rental* Owned Relative Other: _____

*If a rental, please provide a landlord name and phone number:

_____ #: _____

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:

_____ #: _____

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 #: _____

Income Amount: \$ _____ per _____

Full-time Part-time Seasonal Other: _____

Attach documentation of this income: Paystubs, W-2s, Bank Statements, etc.

Employer/
Source of Income: _____

Dates: _____ / _____ to _____ / _____
month year month year

Contact Person: _____

Phone #: _____

Income Amount: \$ _____ per _____

Full-time Part-time Seasonal Other: _____

Attach documentation of this income: Paystubs, W-2s, Bank Statements, etc.

BANK OR FINANCIAL REFERENCE:

Financial Reference Name / Company Branch Location

City Account Number

Financial Reference Name / Company Branch Location

City Account Number

REQUIRED QUESTIONS

- Have eviction proceedings ever been filed against you?
 No Yes – Attach Explanation
- Are you or anyone listed above required to register as a Registered Sex Offender?
 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 any pets you plan to bring with you?
 No Yes – List Type(s): _____
- Do you have Renter’s Insurance?
 No Yes – List Carrier: _____
- Automobiles: _____
Make / Model License Plate#

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