



1911 Golfview Dr. • Troy, MI 48084 • (248) 643-6644 • FAX: (248) 643-6501

RENTAL APPLICATION

FOR OFFICE USE ONLY:

CODE _____ MONTHLY RENT _____
APARTMENT ADDRESS _____, TROY, MICHIGAN 48084
BUILDING NO. _____ APARTMENT NO. _____ STYLE _____
MOVE-IN DATE _____ TERM OF LEASE _____
TOTAL DEPOSIT: \$ _____
TOTAL PAID WITH APPLICATION: \$ _____
DEPOSIT BALANCE: \$ _____
PRORATED RENT FOR _____ NUMBER OF DAYS _____ x \$ _____ PER DAY = \$ _____
FULL MONTH'S RENT FOR: _____ = \$ _____
NON-REFUNDABLE PREPARATION CHARGE: \$ _____
BALANCE DUE IN CERTIFIED FUNDS: \$ _____

INFORMATION AND REFERENCES

(PLEASE PRINT):

DAYTIME PHONE _____
APPLICANT NAME _____ BIRTHDATE _____ PHONE _____
PRESENT ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOW LONG? _____
SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
SPOUSE NAME _____ BIRTHDATE _____
SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
(CHECK ONE) RENT OWN SHARE MONTHLY RENT \$ _____
PRESENT LANDLORD _____ PHONE NO. _____
PREVIOUS ADDRESS _____ HOW LONG? _____
PREVIOUS LANDLORD _____ PHONE NO. _____

LIST ALL OTHER PERSONS WHO WILL BE LIVING WITH YOU

FIRST AND LAST NAME _____ SEX _____ BIRTHDATE _____
FIRST AND LAST NAME _____ SEX _____ BIRTHDATE _____
FIRST AND LAST NAME _____ SEX _____ BIRTHDATE _____
NAME OF EMPLOYER _____ PHONE NO. _____ YEARS EMPLOYED _____
ADDRESS OF EMPLOYER _____ CITY _____ STATE _____ ZIP _____
OCCUPATION OR TITLE _____ SUPERVISOR _____ MONTHLY INCOME \$ _____
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS) _____ YEARS EMPLOYED _____
OCCUPATION OR TITLE _____ SUPERVISOR _____ MONTHLY INCOME \$ _____
SPOUSE'S EMPLOYMENT _____ PHONE NO. _____ YEARS EMPLOYED _____
ADDRESS OF EMPLOYER _____ CITY _____ STATE _____ ZIP _____
OCCUPATION OR TITLE _____ SUPERVISOR _____ MONTHLY INCOME \$ _____

RETAIL CREDIT REFERENCES (BANKS, CHARGE CARDS, CREDIT UNIONS, ETC.)

CREDITOR _____ MONTHLY PAYMENT _____
CREDITOR _____ MONTHLY PAYMENT _____
BANK _____ ACCOUNT NO. _____
PERSON TO NOTIFY IN CASE OF EMERGENCY _____
ADDRESS _____ CITY _____ PHONE NO. _____
MAKE AND MODEL OF VEHICLE(S) _____ LICENSE PLATE NO. _____

AGREEMENTS

- 1) The Landlord may either accept or decline this application. If accepted, the deposit above specified will be credited on account of the security deposit. If declined, the deposit will be returned to the applicant, less a credit check fee of \$35.00, thereby waiving any claim for reason of non-acceptance of this application, which the Landlord may decline without stating any reason whatsoever for doing so.
- 2) In the event of cancellation by applicant, there will be a service charge of _____ which shall be deducted from the funds held on deposit with this application. The aforesaid _____ charge represents the reasonable cost of processing this application.
- 3) No tenancy shall be created by this application until a lease is duly executed by Landlord and Tenant.
- 4) I AUTHORIZE you to obtain an INVESTIGATIVE CREDIT REPORT in connection with this application. I understand that this report may include information about my character, general reputation, personal characteristics, and/or mode of living and credit standing. I UNDERSTAND I CAN REQUEST THE NAME OF THE REPORTING AGENCY PROVIDING THIS INFORMATION. I UNDERSTAND THAT IN ADDITION TO A CREDIT REPORT, INCOME VERIFICATION, BANK ACCOUNT VERIFICATION, RENTAL HISTORY AND A PHOTO I.D. WILL BE REQUIRED OF EACH APPLICANT.
- 5) NO pets, including dogs or cats or birds, are allowed on the premises except with Landlord's written permission. _____
- 6) The Landlord does not allow motorcycles or storage of trailored vehicles on the premises.
- 7) NO ORAL STATEMENT BETWEEN THE PARTIES HEREIN OR BETWEEN THE APPLICANT AND LANDLORD'S EMPLOYEES SHALL BE CONSTRUED AS A BINDING AGREEMENT BETWEEN THE PARTIES, UNLESS REDUCED TO WRITING HEREIN AND EXECUTED BY LANDLORD'S REPRESENTATIVE.

--Keys will be issued on move-in date only.
--Move-in monies are to be paid by CERTIFIED CHECK, MONEY ORDER, CASHIERS CHECK or TRAVELERS CHECK ONLY.
--You must call Ameritech 1-800-244-4444 for installation of your telephone, for the move-in date or after.

******NOTE******

LANDLORD STRONGLY RECOMMENDS THAT THE TENANT PURCHASE A RENTER'S INSURANCE POLICY TO PROTECT PERSONAL POSSESSIONS FROM THEFT, DAMAGE OR LOSS, AND TO COVER HIS/HER LIABILITY.

X _____
Signature of Applicant

X _____
Signature of Applicant
Received By:

Applicant Date

Somerset Representative