



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