



Application Fee is \$35.00
per applicant over 18 years old.
In Form of Cash or Check Only

996 GARFIELD WOODS DR., SUITE D, TRAVERSE CITY, MI 49686
PHONE NUMBER: (231) 941-0707 FAX NUMBER: (231) 929-1170

RENTAL APPLICATION

PROPERTY ADDRESS APPLYING FOR:

APPLICANT INFORMATION

PLEASE PRINT

LEGAL NAME - FIRST:		LAST:		MIDDLE:		SS#:	
CURRENT ADDRESS:				CITY:		STATE & ZIP:	
DATE OF BIRTH:		PHONE NUMBER:		E-MAIL ADDRESS		DRIVERS LICENSE #:	
DO YOU HAVE ANY PETS? IF SO, WHAT KIND? (\$100.00 NON REFUNDABLE PREPARATION FEE PER PET TO BE PAID AT TIME OF SECURITY DEPOSIT.)							
OCCUPATION: - FULL OR PART TIME			YEARLY INCOME:		LENGTH OF EMPLOYMENT:		
CURRENT COMPANY NAME:		ADDRESS:		SUPERVISOR'S NAME:		PHONE #:	
CURRENT LANDLORD:		PHONE #:		HOW LONG AT THIS ADDRESS?		MONTHLY RENT: \$	
HAVE YOU HAD MORE THEN ONE LATE PAYMENT IN PAST YEAR?				ARE WE ABLE TO CONTACT LANDLORD?			
IN CASE OF EMERGENCY NOTIFY:			RELATIONSHIP:		PHONE #:		
AUTO YEAR:	MAKE/MODEL			COLOR:		LICENSE #:	
CRIMINAL RECORD - HAVE ANY OF THE INTENDED OCCUPANTS BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN NATURE OF CRIME ON A SEPARATE PIECE OF PAPER.							
DATE OF CONVICTION:		FILE #:		COUNTY:		STATE:	
BANK NAME AND ADDRESS:			CHECKING/SAVINGS #:		CHECKING/SAVINGS #:		
PERSONAL REFERENCE NAME:			PHONE #:		RELATIONSHIP:		

CO-APPLICANT INFORMATION

LEGAL NAME - FIRST:		LAST:		MIDDLE:		SS#:	
CURRENT ADDRESS:				CITY:		STATE & ZIP:	
DATE OF BIRTH:		PHONE NUMBER:		E-MAIL ADDRESS		DRIVERS LICENSE #:	



CO-APPLICANT INFORMATION. CONTINUED

DO YOU HAVE ANY PETS? IF SO, WHAT KIND?

(\$100.00 NON REFUNDABLE PREPARATION FEE PER PET TO BE PAID AT TIME OF SECURITY DEPOSIT.)

OCCUPATION: - FULL OR PART TIME	YEARLY INCOME:	LENGTH OF EMPLOYMENT:
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CURRENT COMPANY NAME:	ADDRESS:	SUPERVISOR'S NAME:	PHONE #:
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CURRENT LANDLORD:	PHONE #:	HOW LONG AT THIS ADDRESS?	MONTHLY RENT: \$
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HAVE YOU HAD MORE THEN ONE LATE PAYMENT IN PAST YEAR?	ARE WE ABLE TO CONTACT LANDLORD?
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IN CASE OF EMERGENCY NOTIFY:	RELATIONSHIP:	PHONE #:
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AUTO YEAR:	MAKE/MODEL	COLOR:	LICENSE #:
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CRIMINAL RECORD - HAVE ANY OF THE INTENDED OCCUPANTS BEEN CONVICTED OF A CRIME?
 YES NO IF YES, PLEASE EXPLAIN NATURE OF CRIME:

DATE OF CONVICTION:	FILE #:	COUNTY:	STATE:
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BANK NAME AND ADDRESS:	CHECKING/SAVINGS #:	CHECKING/SAVINGS #:
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PERSONAL REFERENCE NAME:	PHONE #:	RELATIONSHIP:
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NAMES OF OTHER PERSONS WHO WILL OCCUPY RENTAL OTHER THAN YOURSELF INCLUDING MINOR OCCUPANTS:

NAME:	AGE:	NAME:	AGE:	NAME:	AGE:
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ADDITIONAL SOURCES OF INCOME

IF YOU HAVE OTHER SOURCES OF INCOME FOR US TO CONSIDER, PLEASE LIST INCOME, SOURCE, AND PERSON (BANKER, EMPLOYER, ETC.) WHO WE MAY CONTACT.

ADDITIONAL INFORMATION: PLEASE GIVE US ANY ADDITIONAL INFORMATION THAT MIGHT HELP THE OWNER/MANAGEMENT TO EVALUATE YOUR APPLICATION.

PLEASE PROVIDE THE FOLLOWING TO ASSIST US IN PROCESSING YOUR APPLICATION: (1) DRIVER'S LICENSE OR STATE I.D. CARD; (2) PROOF OF INCOME; (3) OTHER INFORMATION REQUESTED BY YOUR LEASING REPRESENTATIVE. I/WE AUTHORIZE YOU TO OBTAIN AN INVESTIGATIVE REPORT IN CONNECTION WITH THIS APPLICATION. I/WE ALSO UNDESTAND THAT ANY FALSE, DECEPTIVE OR ABSENT INFORMATION WILL RESULT IN THE REJECTION OF THIS APPLICATION AND FORFEITURE OF SECURITY DEPOSIT.

APPLICANT SIGNATURE:	DATE:
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CO-APPLICANT'S SIGNATURE:	DATE:
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OFFICE USE ONLY:

APPLICATION FEE AMOUNT: \$	MOVE-IN DATE:	MONTHLY RENT:
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