# **APPLICATION FOR OCCUPANCY**

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| PERSONAL (please print)  |            |                        |                          |          |                   |                    |                        |                                  |
|--|------------|------------------------|--------------------------|----------|-------------------|--------------------|------------------------|----------------------------------|
| APPLICANT NAME   | AF         | RE YOU 18 OR OLDER?    | ARE YOU 62 OR OLDEF      | R? SOCIA | L SECURITY        | NUMBER             | DRIVER'S L             | ICENSE NO. OR GOV'T. PHOTO ID NO |
|  |            | YES                    |                          |          | L SECURITY        |                    | DRIVER'S I             | ICENSE NO. OR GOV'T. PHOTO ID NO |
| D-APPLICANT/SPOUSE   |            | ] YES                  |                          | 30014    | L GECCHITY        | NOMBEN             |                        |                                  |
| NUMBER & STREET  |            |                        | APPLICANT HOME PH        | ONE      | ОТ-               | ER PHONE NUMBE     | R                      | E-MAIL ADDRESS                   |
| CITY/STATE/ZIP   |            |                        | CO-APPLICANT HOME PHONI  |          | NE OTHER PHONE NU |                    | R                      | E-MAIL ADDRESS                   |
| OTHER OCCUPANTS NAME   | RELAT      | TIONSHIP               | SOCIAL SECURITY N        | 0.       | DRIVER'S L        | ICENSE NO. OR GO   | IV'T. PHOTO ID         |                                  |
|  |            |                        |                          |          |                   |                    |                        | BEDROOMS ARE<br>YOU REQUESTING?  |
|  |            |                        |                          | _        |                   |                    |                        |                                  |
| Does your household require any accessibility fea<br>Does your household have any reasonable accon |            |                        | Describe:<br>⊇ Yes  □ No | Desc     | ribe:             |                    |                        |                                  |
| INCOME (If more than 3 sources of income   | attach ado | ditional sheet         | .)                       |          |                   |                    |                        |                                  |
| CURRENT SOURCE OF INCOME   |            |                        |                          |          | TELEPHONE NO.     |                    | IF EMPLOYED, HOW LONG? |                                  |
| STREET ADDRESS   |            | CITY                   |                          |          |                   | STATE ZI           | P                      | MONTHLY INCOME                   |
| 2ND SOURCE OF INCOME   | NAME       | NAME OF CONTACT PERSON |                          |          | TELEPHONE NO.     |                    | IF EMPLOYED. HOW LONG? |                                  |
| STREET ADDRESS   | <u>I</u>   | CITY                   |                          |          |                   | STATE ZI           | P                      | MONTHLY INCOME                   |
| 3RD SOURCE OF INCOME   | NAME       | OF CONTACT PERSO       | N                        |          |                   | TELEPHONE NO.      |                        | IF EMPLOYED, HOW LONG?           |
| STREET ADDRESS   |            | CITY                   |                          |          |                   | STATE ZI           | P                      | MONTHLY INCOME                   |
| RESIDENCE HISTORY  |            |                        |                          |          |                   |                    |                        |                                  |
| PRESENT LANDLORD OR MORTGAGE HOLDER NAME   |            | TELEPHONE NO.          | н                        | OW LONG  | ?                 | REASON FOR LEAVING |                        |                                  |
| STREET ADDRESS   |            | CITY                   |                          |          | STATE             | ZIP                |                        | MONTHLY RENT / MORTGAGE          |
| PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME  |            | TELEPHONE NO.          | н                        | OW LONG  | ?                 | REASON FOR LEA     | /ING                   | <u></u>                          |
| STREET ADDRESS   |            | CITY                   | I -                      |          | STATE             | ZIP                |                        | MONTHLY RENT / MORTGAGE          |
| IN CASE OF EMERGENCY NOTIFY (other than occupant)  | TE         | LEPHONE                |                          | DO YOU   | HAVE ANY F        | PETS? IF SO, SPECI | FY (type, breed,       | adult weight)                    |
|  |            |                        |                          |          |                   |                    |                        |                                  |
| HOW DID YOU HEAR ABOUT OUR CO  | MMUNIT     | Y?                     |                          |          |                   |                    |                        |                                  |
|  |            |                        | E BY                     |          |                   |                    |                        |                                  |
| YELLOW PAGES   |            |                        | CT MAIL                  |          |                   |                    |                        |                                  |
|  |            |                        | ERRED BY                 |          |                   |                    |                        |                                  |
|  |            |                        | ER                       |          |                   |                    |                        |                                  |
| ¢.   | (P         | LEASE SEE              | REVERSE SIDE)            |          |                   |                    |                        | EQUAL HOUSING<br>OPPORTUNITY     |
|  | 1          |                        |                          |          |                   |                    |                        | APP. (4/08)                      |

## APPLICATION FOR OCCUPANCY Continued

By signing this application, the undersigned hereby authorizes the property to obtain a credit report and/or criminal background investigation. The applicant has submitted the sum of \$ \_\_\_\_\_ which is nonrefundable payment for obtaining these reports. \_

Applicant Initials

\_\_\_\_\_ with Management as a good faith deposit in connection with this application. If I hereby deposit \$\_\_\_ application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. \_\_\_\_

**Applicant Initials** 

I (we) certify that the preceding information is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I (we) also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors. and to procure such other information which Management may require to evaluate this application.

WHAT DATE WOULD YOU LIKE TO MOVE IN? APPLICANT DATE CO-APPLICANT/SPOUSE DATE OTHER ADULT OVER 18 DATE OTHER ADULT OVER 18 DATE **OTHER ADULT OVER 18** DATE OTHER ADULT OVER 18 DATE MANAGEMENT AGENT DATE-TIME-AGENT'S INITIALS **REASON APPLICATION DECLINED:** MONIES DELIVERED WITH THIS APPLICATION Unfavorable credit check Deposit ......\$ \_\_\_\_\_ Unfavorable criminal conviction history Unfavorable report from previous landlord Incorrect information Pet Fee / Deposit ......\$ \_\_\_\_\_\$ Number of occupants Other .....\$ \_\_\_\_\_ Other \_ TOTAL ......\$ \_\_\_\_\_

Approved or Declined By \_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_\_

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

|                                  | Application Update(s) |  |
|----------------------------------|-----------------------|--|
| <b>Office Use Only:</b><br>Date: | New Information:      |  |
|                                  |                       |  |
|                                  |                       |  |

#### AGENCY DISCLOSURE STATEMENT

#### DISCLOSURE REGARDING AGENCY RELATIONSHIPS

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee.

Michigan law requires real estate licensees who are acting as agents of sellers (lessors/owners) or buyers (tenant/lessee) of real property to advise the potential seller (lessors/owners) or buyers (tenant/lessee) with whom they work of the nature of their agency relationship.

#### LESSOR'S/OWNER'S AGENT

A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize a lessor's/owner's agent to with subagents, tenant or lessee agents and/or transaction coordinators. A subagent is one who has agreed to work with the lessor's/owner's agent, and who, like the lessor's/owner's agent, act solely on behalf of the lessor/owner. Lessor's/owner's agents and subagents will disclose to the lessor/owner all known information about the tenant/lessee which may be used to the benefit of the lessor/owner.

#### TENANT'S/LESSEE'S AGENTS

A tenant's/lessee's agent, under an agency agreement with the tenant/lessee, acts solely on behalf of the tenant/lessee. Tenant's lessee's agent and subagents will disclose to the tenant/lessee known information about the lessor/owner which may be used to benefit the tenant/lessee.

#### DUAL AGENTS

A real estate licensee can be the agent of both the lessor/owner and the tenant/lessee in a transaction, but only with the knowledge and informed consent, in writing, of both the lessor/owner and the tenant/lessee.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the lessor/owner or the tenant/lessee.

In obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

#### LICENSE DISCLOSURE

I hereby disclose that the agency status I/we have with the lessor/owner and/or the tenant lessee is:

X Lessor/owner's Agent

\_\_\_\_Tenant/lessee's Agent Dual Agent

None of the above

Further, this form was provided to them before disclosure of any confidential information.

#### LICENSEE

Date

By signing below, the parties confirm that they have received and read the information in this agency disclosure statement and that this form was provided before the disclosure of any confidential information specific to the potential owner/lessor or tenant/lessee.

Incoming Resident

Date

Incoming Resident

Date

## CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete entire form. (All adults must complete a separate form.)

| Full Name:  |  |
|---|--|
| Social Security Number:   | Date of Birth:                               |
| Full Address:(Street, Apartment Number)   | (City, State, Zip Code)                      |
| Have you ever been convicted of a crime?  |  |
| offense:  |  |
|   |  |
|   |  |
| Are there any felony charges or warrants pending  | against you?                                 |
| Are there any reiony charges of warrants pending  |  |
| By signing this application, the undersigned hereb  | by authorizes                                |
| to investigat<br>person signing this form.  | te and confirm the information stated by the |
| The undersigned understands and agrees that said<br>to, obtaining a standard credit report and criminal | •  |
| To the best of my knowledge the above information   | on is true and correct.                      |
|   |  |

Applicant's Signature

Date







### **Rental History Verification**

| Date: _          | Re:   |
|------------------|---|
| То:              |   |
|                  |   |
| With m           | y signature, I do hereby authorize the release of information regarding my rental history.  |
| Applicant        | t Signature Date  |
| had this consent | ove-identified person(s) has applied for residency at our property and has indicated to us that you person/family as a tenant at your property. As indicated by the signature above, the tenant s to the release of information pertaining to their rental history. We would greatly appreciate your tion in completing the applicable areas below: |
| 1.               | How long has/did the above tenant reside at this address?   |
| 2.               | What is/was the monthly rent? Size of unit?   |
| 3.               | Is/Was the applicant's rent paid on time? # of late payments<br>Was legal action taken?   |
| 4.               | Does/Did the applicant ever create physical hazards or damages to his or her apartment and/or the premises?   |
| 5.               | Does/Did the applicant effectively control their household members and/or guests?   |
| 6.               | Does/Did the applicant cause or participate in disturbances that disrupted the enjoyment of the premises for other residents?   |
| 7.               | Did the applicant have unauthorized persons living in their apartment?  |
| 8.               | Does/Did the tenant maintain desirable living conditions?   |
| 9.               | The tenant's overall conduct while living on your property would best be described as: excellent fair poor?   |
| 10.              | Would you rent to this applicant again?   |
|                  | Any additional comments?  |

Signature & Title

Phone/E-mail

Date





#### **VERIFICATION OF EARNINGS**

You are hereby authorized to release the information below.

| Name of Employee: |         |
|-------------------|---------|
| Telephone:        | S.S. #: |
| Signature:        | Date:   |

| PORTION BELOW TO BE COMPLETED BY EMPLOYER                  |             |
|--|-------------|
| PRESENT POSITION   |             |
| DATE OF EMPLOYMENT   |             |
| AVERAGE NUMBER OF HOURS PER WEEK AT BASE PAY               |             |
| AVERAGE NUMBER OF OVERTIME HOURS PER WEEK                  |             |
| CURRENT SALARY: PLEASE COMPLETE ONLY ONE                   | HOURLY:     |
|  | WEEKLY:     |
|  | MONTHLY:    |
| EXPECTED INCREASE IN RATE OF PAY                           |             |
| EXPECTED DATE OF EFFECTIVE INCREASE                        |             |
| AMOUNT OF ANY BONUSES, INCENTIVES, COMMISSIONS, TIPS, ETC. | PER<br>YEAR |
| IF SEASONAL GIVE LAY OFF PERIODS                           |             |

EMPLOYER NAME: \_\_\_\_\_

CITY: \_\_\_\_\_STATE: \_\_ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_EXTENSION: \_\_\_\_\_

| SIGNATURE OF EMPLOYER OR  |
|---------------------------|
| AUTHORIZED REPRESENTATIVE |

DATE:

OFFICIAL POSITION OF SIGNER: