

# APPLICATION FOR OCCUPANCY

## PERSONAL (please print)

APPLICANT NAME	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
CO-APPLICANT/SPOUSE	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
NUMBER & STREET	APPLICANT HOME PHONE		OTHER PHONE NUMBER	E-MAIL ADDRESS
CITY/STATE/ZIP	CO-APPLICANT HOME PHONE		OTHER PHONE NUMBER	E-MAIL ADDRESS
OTHER OCCUPANTS NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.	HOW MANY BEDROOMS ARE YOU REQUESTING?  _____

Does your household require any accessibility features?  Yes  No Describe: \_\_\_\_\_

Does your household have any reasonable accommodation requests?  Yes  No Describe: \_\_\_\_\_

## INCOME (If more than 3 sources of income attach additional sheet.)

CURRENT SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
2ND SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
3RD SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			

## RESIDENCE HISTORY

PRESENT LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
IN CASE OF EMERGENCY NOTIFY (other than occupant)	TELEPHONE	DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)	

### HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- |   |  |
|---|--|
| <input type="checkbox"/> NEWSPAPER        | <input type="checkbox"/> DRIVE BY          |
| <input type="checkbox"/> YELLOW PAGES     | <input type="checkbox"/> DIRECT MAIL       |
| <input type="checkbox"/> APARTMENT GUIDES | <input type="checkbox"/> REFERRED BY _____ |
| <input type="checkbox"/> INTERNET         | <input type="checkbox"/> OTHER _____       |



(PLEASE SEE REVERSE SIDE)





## 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:

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? \_\_\_\_\_ If yes, when, where, and nature of the offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges or warrants pending against you? \_\_\_\_\_

By signing this application, the undersigned hereby authorizes \_\_\_\_\_  
\_\_\_\_\_ to investigate and confirm the information stated by the person signing this form.

The undersigned understands and agrees that said investigation may included, but is not limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## Rental History Verification

Date: \_\_\_\_\_ Re: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With my signature, I do hereby authorize the release of information regarding my rental history.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above-identified person(s) has applied for residency at our property and has indicated to us that you had this person/family as a tenant at your property. As indicated by the signature above, the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation 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 \_\_\_\_\_  
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? \_\_\_\_\_
11. Any additional comments? \_\_\_\_\_

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Phone/E-mail

\_\_\_\_\_  
Date



## VERIFICATION OF EARNINGS

You are hereby authorized to release the information below.

Name of Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYER OR  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE:

OFFICIAL POSITION OF SIGNER: \_\_\_\_\_