

Rental Application
Send to: Email: office@1stMichigianRealty.com Fax: 248.982.2833

Applicant Information										
Name: (Title First Middle Last Suffix)			Date of Birth:		SSN					
Drive License:		Move in date:	Lease Term: (1/2/3/year)		Animals:					
Phone	Emails:			Smoke:						
Current address:	□Owned □Rented									
Reason for Leaving:	Monthly payment	or rent:	How long There?							
Ever refused to pay rent:		Landlord:		Phone:						
Previous address:										
Reason for Leaving:	Monthly payment	or rent:	How long There?							
Ever Not Paid Rent When Due:	Landlord:		Phone:							
Ever served eviction: \Box Y \Box N Judgments on record: \Box Y \Box N Bankruptcy: \Box Y \Box N Criminal Records: \Box Y \Box N										
Foreclose: \Box Y \Box N . If Yes to Any, Please Explain:										
Employment Information	n									
Current employer:										
Employer address:			How long?							
Phone:	E-mail:		Fax:							
Position:	□Hourly	□Salary	nnual income:							
Other sources of income:	Amount:		urce:							
Emergency Contact										
Name of a person not residing with you:										
Address:										
Relationship:	Phone:		Email:							
Co-applicant Informatio	n, if Married									
Name: (Title First Middle Last S		Date of Birth:		SSN						
Drive License:		Smoke:	Phone:		Emails:					
Current address: □Owned □Rented										
Reason for Leaving:	Monthly payment	or rent:	How long There?							
Ever refused to pay rent: □Y □	Landlord:		Phone:							
Ever served eviction: \Box Y \Box N										
Foreclose: □Y □N . If Yes to Any, Please Explain:										

Co-applicant Em	ployment Informat	ion								
Current employer:										
Employer address:					j?					
Phone: E-ma			ail:				Fax:			
Position:	□Hou	☐Hourly ☐Salary			Annual income:					
Other Occupant	Information- All lea	ase signer nee	ed to con	nplete a separ	ate applic	ation				
Names of Children:			Birtho	ay:						
Names of Children:			Birtho	Birthday:						
Names of Children:			Birtho	Birthday:						
Adults who will live at	premises:			Relationship:						
Adults who will live at	Adults who will live at premises:				Relationship:					
References										
Name: 1.	Address:	Address:		e: How		₋ong?	Relationship			
2.										
3.										
Vehicle Informa	tion									
Vehicle Make/Model :		Year :	Color :	Tag Num	ıber:		State:			
1.										
2.										
3.										
Financial inform	ation									
Bank:					Branch	1:				
Checking account num	Checking account number:			Savings account number:						
Checking account nun	nber:			Savings account number:						
employers, financial ir by owner/agent to pro declare the application in reliance upon misin This application is for prospective resident/t \$ as a executed the lease ag accordance with the lawill be forfeited	adlord/agent to verify the ventilations, and any of the ocess this application and I in information true under performation given on the application has paid a holding fee. All holding fee reement. In the event application has paid aw. Should this application for Pet on Premises for any	credit reporting I acknowledge the enalty of perjury plication. I not obligate Owd at the time of a ee monies will be plication's application's application be cancelled by	bureaus average and my law and my law and my law and my law and application applied to ation is derapplicant	railable. I agree to osit will be forfeit ndlord may immedered to execute a least as a non-refund wards application nied only the hold all monies, includ	o supply any if I do not idiately term ease or delindable applicy full securing fee will ing all holdi	y additiona comply wit ninate any ver possess ication fee ity deposit be refunde ng fees and	I information needed h any request. I tenancy entered into sion to the e \$ and once application has ed by mail in d/or deposits paid			
Signature of co-applicant:						Date:				