



1943 Porter SW Wyoming, Michigan 49519
PH: (616) 257-9577 FAX: (616) 257-9578

APPLICATION WILL NOT BE PROCESSED UNTIL APPLICATION FEE IS RECEIVED
NO CASH ACCEPTED - CHECKS/MONEY ORDERS ONLY

Agent _____

Special Terms: _____ _____ _____ _____ _____ _____	For Office Use Only Sec Dep \$ _____ Check No. _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ ***** Date Returned _____ X _____
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Property Address _____ Rent Amount _____

Term of Lease _____ months Lease Start Date _____ Move In Date _____

Name _____ SS# _____ Date of Birth _____

Drivers License / State ID Number _____ State _____

Total Number of Occupants (All legal adults must fill out a separate rental application) _____

Home Phone # () _____ Business Phone () _____ Other Phone # () _____

Present Address _____ City _____ State _____ Zip _____

Present Landlord _____ Phone Number () _____

Reason for Moving _____ How Long at Present Address _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord _____ Phone Number () _____

Reason for Moving _____ How Long at Previous Address _____

Present Employer _____ Phone Number () _____

Supervisor _____ Length of employment _____ Position _____

Previous Employer _____ Phone Number () _____

Supervisor _____ Length of Employment _____ Position _____

Personal References: (2)

_____	_____	_____	_____	_____	_____
Name	Address	City	State	Zip	Phone Number ()

_____	_____	_____	_____	_____	_____
Name	Address	City	State	Zip	Phone Number ()

Bank Name _____ Checking Savings Account # _____

Number of Automobiles _____

Make/ Model _____ Year _____ Color _____ License Plate # _____

Make/ Model _____ Year _____ Color _____ License Plate # _____

Do you plan to have a pet? Yes No If yes, what kind? _____ Breed _____

Pet's Age _____ Pet's Color _____ Pet's Weight _____ Do you or any occupants smoke? Yes No

In case of emergency notify: (Someone other then secondary applicant) Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____