



RENTAL APPLICATION

If you have questions please call:
810.220.2360

TandRProperties.com

MAIL TO: P.O. Box 802 • Brighton, MI • 48116-0802

DESIRED MOVE IN DATE: _____ **RENTAL UNIT APPLIED FOR:** _____

APPLICANT:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
e-mail: _____
DOB: _____
S.S.#: _____
D.L.#: _____

CO-APPLICANT:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
e-mail: _____
DOB: _____
S.S.#: _____
D.L.#: _____

OTHER RESIDENTS - NAME(S)	DRIVERS LICENSE NUMBER (IF APPLICABLE)	AGE	RELATIONSHIP

PETS ARE NOT ALLOWED AT SOME PROPERTIES. PETS MUST BE PREAPPROVED. DEPOSIT AND FEES REQUIRED.

1. PET'S NAME	TYPE (DOG, CAT)	FIXED -Y/N	2. PET'S NAME	TYPE (DOG, CAT)	FIXED -Y/N

APPLICANT'S EMPLOYER:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Position Held: _____
Length of Time: _____
Supervisor: _____
Salary: _____

CO-APPLICANT'S EMPLOYER:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Position Held: _____
Length of Time: _____
Supervisor: _____
Salary: _____

APPLICANT'S VEHICLE:

Make: _____
Model: _____
Year: _____
License Plate #: _____

CO-APPLICANT'S VEHICLE:

Make: _____
Model: _____
Year: _____
License Plate #: _____

APPLICANT'S CHECKING/SAVINGS ACCOUNT:	CO-APPLICANT'S CHECKING SAVINGS CCOUNT:
Type: _____	Type: _____
Account #: _____	Account #: _____
Balance: \$ _____	Balance: \$ _____

INSTALLMENT DEBTS (Charge Accounts, Autos, etc.)

APPLICANT:	CO-APPLICANT:
Name.: _____	Name.: _____
Account #: _____	Account #: _____
Balance: _____	Balance: _____
Monthly Payment: \$ _____	Monthly Payment: \$ _____
Name.: _____	Name.: _____
Account #: _____	Account #: _____
Balance: _____	Balance: _____
Monthly Payment: \$ _____	Monthly Payment: \$ _____

LANDLORDS: (Please list the information requested for CURRENT and previous landlords)

Name: _____	Name: _____
City, State: _____	City, State: _____
Phone #: _____	Phone #: _____
Length of Time: _____ Rent: \$ _____	Length of Time: _____ Rent: \$ _____

	APPLICANT	CO-APPLICANT
ARE YOU A U.S. CITIZEN?	YES NO	YES NO
HAVE YOU EVER BEEN EVICTED FROM ANY TENANCY?*	YES NO	YES NO
HAVE YOU EVER or DO YOU PLAN TO FILE FOR BANKRUPTCY?*	YES NO	YES NO
HAVE YOU EVER REFUSED TO PAY ANY RENT WHEN DUE?*	YES NO	YES NO

*IF YES, PLEASE EXPLAIN:

In case of an emergency, who should we contact? Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____ Phone: _____

PLEASE NOTE: RENTAL APPLICATION FEE - \$100.00 (CASH or MONEY ORDER ONLY)

Applicant(s) agrees to the following by signing below:
The processing fee, (i.e. credit report, reference checking, administrative fees), is \$20.00 (Twenty Dollars), PER APPLICANT and is non-refundable.
If approved for tenancy of the above property the remainder of this application fee will be applied toward move-in costs. If denied tenancy the remainder of this application fee will be refunded.
Tenancy will commence on _____. Tenancy is to be on a _____ basis.
That if either/any applicant withdraws or cancels this application no part of the application fee will be refunded.

AUTHORIZATION to RELEASE INFORMATION: Applicant understands that this application may be shared with a credit reporting service now and in the future and that a criminal background check may be performed. Applicant gives current or previous landlords and employers permission to confirm information contained in this application. Authorization is also given for the release of information with regard to employment, wages, rent payment history, etc.

NO GUARANTEE OF OCCUPANCY: Applicant also understands that completing this application in no way guarantees occupancy. Application for rental may be denied if false information is provided.

APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE
X _____ Date: _____	X _____ Date: _____