

Lease Application

The Oaks Apartments : 1300 West Tanbark Lane : Jackson, MI 49203
Phone: 517.782.2325

ALL FIELDS ARE REQUIRED unless otherwise indicated.

Today's Date and Time:

Unit Size Desired:

APPLICANT

First Name: Last Name: MI (optional): Email:

Social Security#: -- Birth Date: / / Driver's License #: Issuing State:

CO-APPLICANT (Spouse, Partner, Roommate, etc., if applicable).

First Name: Last Name: MI (optional): Relationship:

Social Security#: -- Birth Date: / / Driver's License #: Issuing State:

CURRENT ADDRESS

Address: Address 2 (optional):

City: State: Zip/Postal Code:

From: To: Phone Number: --

Previous Address if less than 5 years

Address: Address 2 (optional):

City: State: Zip/Postal Code:

From: To:

Emergency Contact Name and Phone Number

First Name: Last Name: Phone Number: --

Have you ever rented before?: Y N

If YES (Y), When? From: To: Where?:

Was the rent paid on time?: Y N Any lease violations?: Y N Reason for moving:

Landlord's First Name: Last Name: Phone Number: --

EMPLOYMENT / INCOME INFORMATION

Employer or Income Source:

Address: Address 2 (optional):

City: State: Zip/Postal Code: Phone Number: --

Length of employment - Years: Months: Annual Salary:

Supervisor's First Name: Last Name:

Have you ever had a court judgment against you or have been convicted of a felony?: Y N

If YES (Y), Explain:

Have you ever been evicted?: Y N

If YES (Y), Explain:

	First Name	Last Name	Relationship	Date of Birth (mm/dd/yyyy)
1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES - 1 BUSINESS and 1 LANDLORD
Name, Address, Phone and Occupation or Relationship

1. First Name: Last Name: Business Name:
 Address: Address 2 (optional):
 City: State: Zip/Postal Code: Phone Number: --

2. First Name: Last Name: Occupation/Relationship:
 Address: Address 2 (optional):
 City: State: Zip/Postal Code: Phone Number: --

ACKNOWLEDGEMENT

I recognize that this application for an apartment is subject to acceptance or rejection based on the information I have provided as well as screening of my credit, criminal history and past or present landlord verification of rental history.

I hereby state that the information set forth is true and complete and authorize verification of the information and references given. Should any statement made be misrepresented or untrue, \$100.00 of the hold deposit will be retained as compensation to the agent for holding the unit off the market.

If the application is accepted, the lease is to execute at the agent's office within 7 days after the applicant is notified of such acceptance. At this time, the \$100.00 hold deposit will be applied towards the total due for security deposit with the balance due upon execution of the lease agreement. If the applicant is not accepted as a resident the hold deposit of \$100.00 will be returned within one week. The \$100.00 hold deposit will be held in this office from the time of application is submitted. If the applicant cancels this application, within 3 business days, the deposit will be refunded to the applicant.

If the application is accepted and the applicant does not sign the lease within the above prescribed days after notification of acceptance, the deposit will be forfeited as liquidated damages in payment of holding the unit off the market.

I understand that I may have the right to make written a request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

PLEASE NOTE:
ALL APPLICANTS ARE REQUIRED TO SUPPLY THE FOLLOWING:

1. A VALID DRIVERS LICENSE OR STATE ID.
2. PROOF OF INCOME FROM ALL SOURCES.
3. COPIES OF SOCIAL SECURITY CARDS FOR ALL ADULTS MEMBERS.

DIGITAL SIGNATURE

By selecting "YES" below, I/We hereby acknowledge and hereby agree to the terms and conditions outlined above.

- Yes - No