

Rental Application for 916 W. Kalamazoo Ave. Kalamazoo, MI 49007

Name _____ Home Phone _____ Cell Phone _____

Email _____ SSN _____ Driver License No. _____

Current Address _____ Rent \$ _____
How long at this address (list dates)? _____ Reason for moving _____

Owner/Manager _____ Phone _____

Previous Address _____ Rent \$ _____
How long at this address (list dates)? _____ Reason for moving _____

Owner/Manager _____ Phone _____

Current Employer _____ Phone _____
How long with this employer? _____ Supervisor _____ Phone _____

Previous Employer _____ Phone _____
How long with this employer? _____ Supervisor _____ Phone _____

Current gross income per month (before deductions) \$ _____
Sources and amounts of other income (other than current employment income above):

If not currently employed, how do you intend to pay the monthly rent? _____
If the money is coming from another person, please list this person's name and SSN. This person will need to co-sign this application. Name _____ SSN _____

Have you been convicted of a felony? Yes _____ No _____

Vehicle Make _____ Model _____ Year _____ License _____

Emergency Contact: Name _____ Phone _____

By signing this rental application you authorize us to verify all information included on the application. Please send the application to the address above. Once the application is accepted a deposit in the amount of a full month's rent is required along with the Rental Agreement.

Date _____ Signed _____

Co-signer (if applicable) _____

for office use only

Verified: SSN ____ DL ____ CurTenancy ____ PrevTenancy ____ Employer ____ Credit ____ Income ____ By _____