## APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

Address of Premises Appl	ied For:								
Applicant's Name:		N	Middle Initial:	Social Security #:				Date of Birth:	
List all persons who will occupy leased premises in addition to the Applicant completing this application:									
Name:								Date of Birth:	
Name:								Date of Birth:	
Name:								Date of Birth:	
Name:								Date of Birth:	
Current Address:	Street Number/Name	е .	Apt. Number	City/State	Zip		☐ Ren	t 🗖 Own	Since
Home Telephone: ( )			Business Telephone: (	)					
Apartment Community/Mo	rtgage Company	Address		City/State	Zip		Telepho	ne	Monthly Payment \$
Street Number/Name Previous Address:	Apt. Nu	umber	City/State	Zip			☐ Rer	ıt 🛮 Own	Since
Apartment Community/Mo	rtgage Company	Address		City/State	Zip		Telepho	ne )	Monthly Payment
Present Employer:	Name			Business Addres	s		Telepho	ne	Ext.
			Cunaniaan				Gross		
Position:	Name		Supervisor:	Business Addres	s		Monthly Incom Telepho		Since:
Previous Employer:							(	)	Ext.
Position:			Supervisor:				Gross Monthly Incom	e:	Since:
Other Sources of Monthly Income:									
Nearest Relative:	Name Full Addr				ss Zip				
Personal Reference:	Name Full Add			sss Zip				Telephone	
	Name		Full Address			Zip		Telephone	
Emergency Contact: Driver's License Number:		Automobile Year/N	Make/Model/Color	License Pla	ate Number	Automobile	Year/Make/Mod	el/Color	License Plate Number
PARKIN Name			G IS RESTRICTED. CHECK RESIDENTIAL OCCUPANCY STANDARDS FOR DETAILS  City/State Account Number				<u>-S</u>	Telephone	
Bank Reference:								( )	
Pets:	Type(Breed)	,	Weight/Age:	Тур	e(Breed)		Weight/Ag	e	
OCCUPANCY DATE REQUESTED:	DESIRED TERM  OF LEASE:			Non- Refundable: Application Fee = \$50.00					
All persons and entities identified above, and any court(including any state or county office maintaining criminal and sexual offense records) or credit information service are hereby authorized to release any requested information concerning me/us, in furtherance of consideration of my/our application and/or in subsequent attempts to collect unpaid obligations arising under a residency established hereunder. I/we hereby waive all rights of action for any consequences resulting from the release of such information. I/we further certify that I/we have read and agree to all entries made hereon and acknowledge that I/we have received a copy of same. I/we do further agree to comply with all of the provisions hereof. Management reserves the right to deny application if false information is provided hereon.  I HAVE READ AND AGREE TO THE ABOVE:									
APPLICANT'S SIGNA	TURE		DATE		CO	MMUNITY A	AGENT		DATE RECEIVED
It is our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state and local laws.									
(Revised: 9/10/04, Sup	percedes: 11/13/03	3)							
NOTES:									

NOTE TO APPLICANT: IF MAILING THIS APPLICATION, PLEASE MAIL TO: Robbins Nest Apartments, 1801 Robbins Nest Lane, Grand Haven, MI 49417