

RENTAL APPLICATION For Exclusive Use of Members Only

SAGINAW LANDLORDS ASSOCIATION

THIS APPLICATION IS SUBJECT TO APPROVAL OF OWNER AFTER IT IS CHECKED AND APPROVED

Applying For _____

ADDRESS _____

APT.# _____

DATE _____

Please see separate application for:

Spouse

Co-applicant(s)

Co-Signer(s)

Names _____

Applicant's Name _____

First

Middle

Last

DOB _____

/ /

Address _____

City _____

State _____

Zip _____

Social Security No. _____

Driver's License No. _____

Expires _____

Make of Car & Year _____

Vehicle Tag No. _____

Phone Number _____

Cell Phone Number _____

Web Address _____

Present Landlord's First Name _____

Last Name _____

Present Landlord's Phone Number _____

How Long Lived There? _____

Present Landlord's Address _____

City _____

State _____

Zip _____

1. Previous Address _____

Previous Landlord's Name _____

Previous Landlord's Phone Number _____

How Long Lived There? _____

Previous Landlord's Address _____

City _____

State _____

Zip _____

2. Previous Address _____

Previous Landlord's Name _____

Previous Landlord's Phone Number _____

How Long Lived There? _____

Previous Landlord's Address _____

City _____

State _____

Zip _____

Take Home Pay Per Month \$ _____

Total Financial Obligations Per Month \$ _____

How Much Money From Each Per Month?

Working \$ _____

SSI \$ _____

FIA \$ _____

Section 8 \$ _____

Where Employed _____

Position _____

Phone Number _____

How Long _____

Address _____

City _____

State _____

Zip _____

Prior Employer _____

Position _____

Phone Number _____

How Long _____

Address _____

City _____

State _____

Zip _____

Credit Union or Bank Name _____

Checking _____

Savings _____

Give A Credit Reference

Name _____

Phone Number _____

Address _____

City _____

State _____

Zip _____

Have you had any Judgments _____

Collections _____

Bankruptcy _____

Social Worker's Name _____

Phone Number _____

Case Number _____

(See Other Side)

Number of Adults to occupy premises (see names from other side) _____ Number of Children _____ Number of Pets _____

CHILDREN'S NAMES

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>S.S. Number</u>
1.					
2.					
3.					
4.					
5.					
6.					

Close Relative _____ Phone Number _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Give Two Personal References

1. Name _____ Phone Number _____ Relationship _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone Number _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Rent to be \$ _____ Security Deposit \$ _____ Rental Deposit Paid \$ _____ Date _____

I authorize _____ to investigate my credit, my police record, if any, and my utilities payment history (Consumers, water, etc.). If any information shown hereon is inaccurate or incomplete, it is understood that there will be an immediate cancellation of any lease entered into on the grounds of fraud, eviction on grounds of trespass will ensue and the tenant will be removed from the premises forthwith and money paid in will be retained as actual damages.

Applicant Signature

Date

OFFICE USE ONLY

Date:

Name:

Address Info:

Employment Info:

Public Records:

Collections:

Number of Accounts:

Number of Revolving Accounts:

Balance:

Past Due:

Monthly Payments:

Number of Installment Accounts:

Balance:

Past Due:

Monthly Payment:

Number of Mortgage Accounts:

Balance:

Past Due:

Monthly Payments:

Totals:

Balance:

Past Due:

Monthly Payments:

On File Since: