

RENTAL APPLICATION

Address of Rental Property applying for: _____
 Desired date of occupancy: _____ Desired length of occupancy: _____

APPLICANT INFORMATION (all information must be complete)

Name: _____
First Middle Last
 Address: _____
Number and Street City State Zip
 Phone: () _____ home Phone: () _____ work
 Phone: () _____ cell Email: _____
 Social Security No: _____ Driver's License No: _____
 Other names: _____ Birth Date: ____/____/____ Marital Status: S M D W
List all other names used by you including maiden name mo. day year

ADDITIONAL APPLICANT INFORMATION

Name: _____
First Middle Last
 Address: _____
Number and Street City State Zip
 Phone: () _____ home Phone: () _____ work
 Phone: () _____ cell Email: _____
 Social Security No: _____ Driver's License No: _____
 Other names: _____ Birth Date: ____/____/____ Marital Status: S M D W
List all other names used by you including maiden name mo. day year

NAMES OF OTHER TENANTS, INCLUDING CHILDREN AND ANYONE WHO WILL LIVE WITH YOU (EVEN ON A TEMPORARY BASIS)

Number of occupants: _____ Adults: _____ Children: _____
 Name: _____ Please circle: Adult Child Child's Age: _____
 Relationship: _____ Will this person be signing the Rental Agreement? NO YES
 Name: _____ Please circle: Adult Child Child's Age: _____
 Relationship: _____ Will this person be signing the Rental Agreement? NO YES
 Name: _____ Please circle: Adult Child Child's Age: _____
 Relationship: _____ Will this person be signing the Rental Agreement? NO YES
 Name: _____ Please circle: Adult Child Child's Age: _____
 Relationship: _____ Will this person be signing the Rental Agreement? NO YES

Do you have any pets? NO YES How many? _____ Dogs: _____ Cats: _____

Name: _____ Type/Breed: _____ House Trained: NO YES

Name: _____ Type/Breed: _____ House Trained: NO YES

RENTAL HISTORY (all information must be complete)

Present Address: _____ Number and Street _____ City _____ State _____ Zip _____

How long at Present Address: _____ Current Rent Payment: _____

Landlord's Name: _____ Phone: () _____

Reason for Moving: _____

Previous Address: _____ Number and Street _____ City _____ State _____ Zip _____

How long at Previous Address: _____ Previous Rent Payment: _____

Landlord's Name: _____ Phone: () _____

Reason for Moving: _____

CURRENT EMPLOYER AND INCOME (all information must be complete)

Employer: _____ Phone: () _____

Address: _____ Number and Street _____ City _____ State _____ Zip _____ Income: \$ _____ / wkly or mo (Please circle)

Position: _____ How long: _____ Supervisor: _____

Other income sources: Gov't assistance \$ _____ Child support/Alimony \$ _____ Other \$ _____

ADDITIONAL APPLICANTS CURRENT EMPLOYER AND INCOME

Employer: _____ Phone: () _____

Address: _____ Number and Street _____ City _____ State _____ Zip _____ Income: \$ _____ / wkly or mo (Please circle)

Position: _____ How long: _____ Supervisor: _____

Other income sources: Gov't assistance \$ _____ Child support/Alimony \$ _____ Other \$ _____

VEHICLES

List any vehicles & plate numbers that you wish to park at the property

Vehicle Model & Year: _____ License Plate No. _____

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MISCELLANEOUS

Are there any Smokers? NO YES

Do you own a Water bed? NO YES

Have you ever willfully and intentionally refused to pay rent when due? NO YES

Have you ever been convicted of a felony? NO YES

Are you required to register as a Registered Sex Offender? NO YES

Have you filed a bankruptcy within the last two years? NO YES

Have eviction proceedings ever been filed against you? NO YES

Are you or other applicant a Medical Marijuana cardholder? NO YES

Are you or other applicant a Medical Marijuana supplier? NO YES

EMERGENCY CONTACT

Emergency Contact (not living with you): _____ Relationship: _____

Address: _____ Phone () _____
Number and Street City State Zip

BANK REFERENCES (all information must be complete)

Bank/Financial References: _____ Phone () _____

Address: _____ Account Number _____
Number and Street City State Zip Please circle one: Checking Savings

Bank/Financial References: _____ Phone () _____

Address: _____ Account Number _____
Number and Street City State Zip Please circle one: Checking Savings

REFERENCES (PERSONAL or PROFESSIONAL) not related to you:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

ABOUT YOUR CARE-FREE PROPERTY MANAGEMENT APPLICATION

The sole purpose of the Care-Free Property Management application process is to determine renting risks. The required information is often times used as a cross-reference to insure that we are identifying the correct person. The Care-Free Property Management application is not used by this landlord / property manager for any other purpose. Please complete the entire application and do the following:

1. Write clearly so we can read your information. Be sure to sign the application.
2. Fill out all information requested on the application. This is especially important when we are contacting a landlord or family for references.
3. Be accurate and truthful because if you falsify any information, this may be used against you and may result in you application being rejected.
4. Do not modify or alter the application form, because the Care-Free Property Management application is a standard form that is utilized to give all applicants equal opportunity to rent.
5. If Care-Free Property Management contacts you, please immediately call back so that your application can be completed as soon as possible.

CERTIFICATION OF CORRECT INFORMATION

Applicant certifies that all information provided in this application is correct. If a lease is entered into and the landlord subsequently learns that incorrect information was given or pertinent information was omitted, the lease may be terminated at landlord's option. If you are applying to lease with other persons, you certify that you have read his or her application and the information is correct to the best of your knowledge.

Applicant's Full Name
Printed: _____

Applicant's Signature: _____

Applicant's Full Name
Printed: _____

Applicant's Signature: _____

Today's Date: ____ / ____ / ____



PROPERTY MGT.

One Heritage Place

Suite 110

Southgate, MI 48195

REQUEST FOR RESIDENCE VERIFICATION

Name: _____

Address: _____
Number and Street _____ City _____ State _____ Zip _____

Move-In Date: _____ Lease Exp Date: _____ Move-Out Date: _____

Did the resident give proper notice of intent to vacate? Yes No

Rent Amount \$ _____ Have there been any late payments? Yes No If yes, please explain: _____

Any Non-Sufficient Funds? Yes No Any balance due? Yes No If yes, Amount\$ _____

Any Legal Notices served for Non-Compliance? Yes No If yes, please explain: _____

Is the tenant breaking the lease agreement? Yes No Are you related to this tenant? Yes No

Are there any problems or complaints on file? Yes No If yes, please explain: _____

Are there any pets? Yes No If yes, please explain: _____

Is there any property damage? Yes No If yes, please explain: _____

Would resident be eligible to re-rent? Yes No If no, please explain reason: _____

Are there any additional occupants or roommates on the lease? Yes No If yes, please explain: _____

Additional comments: _____

Reference completed by: _____ Company: _____

Title / Position: _____ Phone: _____ Date: _____

Please fax the information back to (734) 284-4122 as soon as possible. Please call with any questions or concerns. Thank you for your assistance.

Cheryl Bristow

Office: 734-284-1786 *** Fax: 734-284-4122 *** Email: care.freemanagement@yahoo.com

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Care-Free Property Management, may now, or at any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under Care-Free Property Management tenant policies.

I authorize any and all references used, and any of its agents, to disclose orally and in writing, the results of this verification process to the designated authorized representative Care-Free Property Management.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and agencies to provide Care-Free Property Management with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I HAVE READ ALL PAGES OF THIS APPLICATION. I AGREE TO ALL OF ITS PROVISIONS. ALL INFORMATION IS COMPLETE AND CORRECT.

Date: _____

Applicants Signature

Applicants Printed Name

Applicants Signature

Applicants Printed Name



AUTHORIZATION FOR CREDIT CHECK BACKGROUND AND REFERENCE CHECK

APPLICANT

I, _____ authorize and permit Care-Free Property Management to obtain information on my rental / credit / criminal / employment / source of income history by contacting any references necessary to valueate renting risks. I hereby release all references to give Care-Free Property Management all requested information.

I also authorize and give permission for all parties listed to disclose and information requested about me to Care-Free Property Management.

Applicants Signature: _____ Date: _____
Print Full Name: _____
Current address: _____
Number and Street City State Zip
Social Security Number: _____ Date of Birth: _____
Place of Employment: _____ Phone: _____

CO-APPLICANT

I, _____ authorize and permit Care-Free Property Management to obtain information on my rental / credit / criminal / employment / source of income history by contacting any references necessary to valueate renting risks. I hereby release all references to give Care-Free Property Management all requested information.

I also authorize and give permission for all parties listed to disclose and information requested about me to Care-Free Property Management.

Co-Applicants Signature: _____ Date: _____
Print Full Name: _____
Current address: _____
Number and Street City State Zip
Social Security Number: _____ Date of Birth: _____
Place of Employment: _____ Phone: _____

Office: 734-284-1786 ***

Fax: 734-284-4122 ***

Email: care.freemanagement@yahoo.com

TENANT EMPLOYMENT VERIFICATION

Company: _____

Address: _____

Phone: _____ Date: _____

RE: _____ (applicant name)

The above mentioned name is a prospective tenant at our rental property and has listed your company as a current employer on his/her rental application.

In order for us to verify the application, we ask that you provide the information requested below. We would appreciate your faxing this completed form back to us at the number listed below. Information provided will remain confidential and will be used solely for purposes of determining eligibility for occupancy.

Applicant Signature _____

TO BE COMPLETED BY EMPLOYER:

Applicant job title: _____

Start date of employment: _____

EMPLOYMENT: _____ full time _____ part time _____ permanent _____ temporary

WAGES: \$ _____ weekly \$ _____ bi-weekly \$ _____ monthly

\$ _____ hourly \$ _____ annually (average per week)

Information provided by: _____

Signature _____ Date _____

TENANT EMPLOYMENT VERIFICATION

Company: _____

Address: _____

Phone: _____ Date: _____

RE: _____ (applicant name)

The above mentioned name is a prospective tenant at our rental property and has listed your company as a current employer on his/her rental application.

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Applicant Signature _____

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Applicant job title: _____

Start date of employment: _____

EMPLOYMENT: _____ full time _____ part time _____ permanent _____ temporary

WAGES: \$ _____ weekly \$ _____ bi-weekly \$ _____ monthly

\$ _____ hourly \$ _____ annually (average per week)

Information provided by:

Signature _____ Date _____

RENTAL EARNEST MONEY FEE

It is the intent of this document to state the understanding between _____

and Care-Free Property Management that the above name person(s) is depositing the amount of \$ _____ as an earnest money fee to hold the rental located at _____

on the date of _____ which is the date agreed upon between the two parties stated above which guarantees that this rental unit will not be rented to any other applicant from the date above. If the Applicant moves into the rental on or before the date given, this earnest money fee will be transferred to the Security Deposit Account to be applied toward the Applicants security deposit. If Applicant chooses not to move into this rental, the holding fee is relinquished and non-refundable.

If the Applicant does not qualify to rent, then the earnest money fee will be refunded.

Applicant signifies by signature that this document has been read, understood and is in complete agreement with the terms.

Applicant

Date

Applicant

Date

Care-Free Property Management

Date

