

APPLICATION FOR TENANCY

Please Print or Type



Applicant Information	Address of Premises: _____ Apt. #: _____ Lease Start Date: _____ Term of Lease: _____ Rent Amount _____ Deposit: _____ Utilities: Gas: <input type="checkbox"/> T <input type="checkbox"/> Electric: <input type="checkbox"/> T <input type="checkbox"/> Water: <input type="checkbox"/> T <input type="checkbox"/> Lawn: <input type="checkbox"/> T <input type="checkbox"/> Garbage: <input type="checkbox"/> T			
	Last Name: _____ First Name: _____ Mid: _____ Birth Date: _____ Social Security #: _____ Driver's License / State ID Number: _____ E-mail address: _____ House Phone #: _____ Mobile Phone #: _____ Work Phone #: _____			
Other Information	Present Address: _____ <small style="display: block; text-align: center;">Street City State Zip</small>			
	How Long at this address? _____		Reason for leaving: _____	
	Landlord's Name: _____		Phone: _____	Monthly Payment: _____
	Current Employer: _____		How Long Employed?: _____	
	Contact Person: _____		Phone: _____	
Your Monthly Take Home Wages: \$ _____				
Other Monthly Income:				
Amount: _____	Source: _____	Contact Person: _____	Phone: _____	
Amount: _____	Source: _____	Contact Person: _____	Phone: _____	
Amount: _____	Source: _____	Contact Person: _____	Phone: _____	
Amount: _____	Source: _____	Contact Person: _____	Phone: _____	
Minor Occupants: _____				
Last Name: _____	First Name: _____	Birth Date: _____		
Last Name: _____	First Name: _____	Birth Date: _____		
Last Name: _____	First Name: _____	Birth Date: _____		
Last Name: _____	First Name: _____	Birth Date: _____		
Last Name: _____	First Name: _____	Birth Date: _____		
How many bedrooms will you need? _____ Do you intend to have a waterbed? _____ How many Pets? _____ Kind of pet(s), breed _____ Has applicant ever: Been sued for non-payment of rent _____ Broken a rental agreement or lease? _____ Been evicted or asked to move out? _____ Declared bankruptcy? _____				
In case of personal emergency, notify: _____		Relationship: _____		
Full Address _____				
<small style="display: block; text-align: center;">Street City State Zip</small>				
Home Phone: _____		Work Phone: _____		

UNITED PROPERTIES OF WEST MICHIGAN

975 Cherry SE, Grand Rapids, MI 49506

PHONE: 616-363-6988 FAX: 616-363-0875

EMAIL: INFO@UNITEDPMMI.COM WEBSITE: WWW.UNITEDPMMI.COM

References:

Parent(s) Name: _____ Address: _____ Phone #: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

The application fee is \$15.00 per applicant and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or on a credit report. I/We, the undersigned, authorize United Properties of West Michigan to obtain credit information from Merchant Service Bureau/CBC Companies, other Credit Bureau or any other screening service, which MAY include credit history, rental history, criminal history, sexual offender history and terrorist information for the purpose of determining eligibility to lease an apartment or house or to obtain collections information.

Signature of Applicant

Date