

RENTAL APPLICATION

Landlord: Alan & Cheryl A. Kiley
304 Sheldon Avenue
Houghton, MI 49931

This Application is made to rent:

for a term of One Year.

Desired date of occupancy: _____

Desired length of occupancy: _____

Reason for moving: _____

The monthly rent shall be \$ _____, payable in advance.

The Applicant understands that if this Application is accepted and the Applicant fails to execute a Lease before the beginning date specified above, or to pay the required deposits and the first month's rent, the application deposit will be forfeited as liquidated damages.

It is also understood that if the Application is not accepted, or if the premises are not ready for occupancy by the Applicant on the beginning date specified above, the deposit shall be returned to the Applicant, upon the Applicant's request.

The Applicant understands that the Landlord may perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Rental Application.

If no references are available, a credit report fee of \$31.50 may be substituted and would be due with this application.

APPLICANT INFORMATION

Name: _____

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone No.: (____) _____ Mobile Phone No.: (____) _____

Email address: _____

Social Security No.: _____ - _____ - _____

Are you 18 years old or older? Yes _____ No _____

If No, What is Your Birth Date: _____

Driver's License No.: _____

Vehicle Model: _____ Year: _____

License No.: _____

Vehicle Model: _____ Year: _____

License No.: _____

No. of occupants: Adults: _____ Children: _____
Water bed: Yes _____ No _____
Smokers: Yes _____ No _____
Pets: Yes _____ No _____

Landlord's Name: _____
Phone No.: (____) _____
Current rent payment: _____

PRIOR ADDRESS: _____

How long at prior address: _____
Landlord's Name: _____
Phone No.: (____) _____
Rent payment: _____

Reason for moving: _____

PRIOR ADDRESS: _____

How long at prior address: _____
Landlord's Name: _____
Phone No.: (____) _____
Rent payment: _____

Reason for moving: _____

PRIOR ADDRESS: _____

How long at prior address: _____
Landlord's Name: _____
Phone No.: (____) _____
Rent payment: _____

Reason for moving: _____

CURRENT EMPLOYER:

Employer: _____
Position: _____ How long: _____
Supervisor: _____ Business Phone: (____) _____
Annual Income: _____

PRIOR EMPLOYER (if current employment is less than 5 years):

Employer: _____
Position: _____ How long: _____
Supervisor: _____ Business Phone: (____) _____
Annual Income: _____

PRIOR EMPLOYER (if current employment is less than 5 years):

Employer: _____
Position: _____ How long: _____
Supervisor: _____ Business Phone: (____) _____
Annual Income: _____

PLEASE FEEL FREE TO SUPPLY ADDITIONAL REFERENCES AND/OR INFORMATION THAT YOU FEEL WOULD BE PERTINENT TO HELPING US MAKE A DECISION AS TO YOUR SUITABILITY AS A TENANT:

I represent that the information provided in this Application is true and correct to the best of my knowledge. Alan & Cheryl A. Kiley are authorized to verify the references and employment information given in this Application and to request a credit check.

Applicant's Signature

Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant(s) may be used by Alan & Cheryl A. Kiley to determine whether to accept this Application. Upon written request within 60 days, Alan & Cheryl A. Kiley will disclose to the Applicant in writing the nature and scope of any investigation Alan & Cheryl A. Kiley has requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted: _____ Refused: _____ By: _____