Northland Properties
12235 M32.Atlanta, MI 49709 Ph. 989-785-5608 Fax. 989-785-5640

	Re	ntal Application Date		
Applicant Nan	ne(S)	Phones: (Home) (Work)		
Maiden/other		(List Numbers where you can be reached if we have que	stions)	
names DL#	(If applicable)	Unit Size 1 2		
SS#	(Drivers License number)	Unit Type: Apartment		
Employer Nar	(Social Security Number)	Income (Marathly Marathly)		
Address		Income (Weekly\Monthly): (please circle one)		
phone numbe	ır			
Total housel	nold income from employment	and all other sources (i.e. SSI/SSD, child support, vou	cher,etc.)	
Source:		Amount(Weekly\Monthly):		
Source:		(please circle one) Amount(Weekly\Monthly):		
Your Present		4 months of residency		
	Apartment Name	Apt. # Street		
Name:	City	State ZIP Code		
Address	First Last	Landlord - Relative/Friend - Morgagee (please circle one)		
Phone#:	(Street, City, State, ZIP)	REQUIRED		
	(area code & number) Dates: Lived Here From:			
		(From: Mo. / Day / Yr., To: Mo. / Day / Yr.)		
Previous Add	ress	1 1		
	Apartment Name	Apt. # Street		
Name:	City	State ZIP Code		
Address	First Last	Landlord - Relative/Friend - Morgagee (please circle one)	•	
Phone#	(Street, City, State, ZIP)	REQUIRED		
	(area code & number) Dates: Lived Here From:			
		(From: Mo. / Day / Yr., To: Mo. / Day / Yr.)		

Rental Application (Continued)

Previous Addr	ress			Ī	ĺ		
	Apartment Name		Apt. #	Street	<u>.</u>		
	City		State	ZIP Code	ı		
Name:				Landlord - Re	lative/Friend - Morga		
Address:	First	Last			(please circle one)		
Phone#:	Street, City, State, Z	IP	REQUIRED				
	area code & number						
	Dates : Lived Here From:		(From: Mo.	/Day/Yr To: M	o. / Day / Yr.)		
			(FIOIII, IVIO.	7 Day / 11., 10. W	0.7 Day 7 11.)		
Have Eviction Explain	Proceedings Ever Been F	iled Again	st You?	Yes	No		
			_			•	
	(Landlord, date, circumsta	nces)	-		(City, State, zip of court eviction	n)	
List any children or others living with you: Name Age Relationship (please select yes or no if the person will be signing rental Agreement)							
Name:		age:		Relationship		,	
Name:		age:		Relationship	Yes \ No		
Name:		age:		Relationship	Yes \ No		
Have you or anyone that will be living in the unit with you ever been required to register as a sex offender in any state in the US. Yes No							
Do you have any pets that will be residing with you? Yes_ No_							
Spayed or nuetered:(REQUIRED) Yes NO _*Records required prior to move in							
There is a non-refundable, non-transferable pet fee of \$200 due before pets are allowed in the unit. The monthly rental rate increases by \$15.00 per month per pet. Provide asset information below:							
	Assets (Checking, savings, 40	1k, ect.)	Туре	Balance	Name of Bank	Stocks or Bonds	
1							
2	I		1	1	I	I .	

Rental Application (CONTINUED)

Personal references: List 3 people (not related to you) we can call for a personal reference:				
Name:	Phone Number			
As the Applicant you understand that using false of	or inaccurate information is against the law			
If you deliberately give false informatiom and are a	approved based on the information you provided			
then later it is discovered you gave false information	on you will be evicted.			
	otice			
APPLICATION DEPOSITS/GOOD FAITH MON	IES ARE NON-REFUNDABLE			
IF YOU SUBMIT AN APPLICATION WITH MONE AND THE UNIT IS HELD FOR YOU" WE TURN	AWAY OTHERS INTERESTED IN THAT UNIT			
LATER YOU CHANGE YOUR MIND AND DO NO	OT TAKE POSSESSION OF THE UNIT, WE MAY			
RETAIN ALL OR PART OF THE GOOD FAITH M	IONIES/APPLICATION DEPOSIT AS COMPENSATION			
FOR OUR COST IN THE PROCESSING OF YOU	JR APPLICATION.			
IF YOU SUBMIT AN APPLICATION WITH MONE	Y (APPLICATION DEPOSIT/GOOD FAITH MONEY)			
YOU MINUS ANY APPLICATION FEES (IF APPL	IS DENIED, YOUR MONEY WILL BE REFUNDED TO			
ALL APPLICATION DEPOSITS/GOOD FAITH MO	ONIES WILL BE APPLIED TO ALL SUMS OWED AT			
THE TIME THE LEASE IS SIGNED.				
YOUR SIGNATURE BELOW INDICATES YOU H	AVE READ AND FULLY UNDERSTAND OUR			
APPLICATION DEPOSIT / GOOD FAITH MONEY	Y POLICY AND THAT THE INFORMATION YOU			
SUPPLIED IS CORRECT AND COMPLETE. YOUR SIGNATURE BELOW INDICATES THAT	VOLUADE CIVING OAK HAPROP PROPERTIES			
ALITHORIZATION TO ORTAIN CREDIT RENTA	L, EMPLOYMENT AND OTHER INCOME HISTORIES			
BY CONTACTING ANY REFERENCES NECESS	ARY TO EVALUATE YOUR ABILITY TO RENT.			
YOUR SIGNATURE BELOW AUTHORIZES ALL	REFERENCES TO RELEASE ALL REQUESTED			
INFORMATION.				
Applicants Signature	Date:			
Applicants Signature	Date:			

When submitting your application please also include the following required documents:

Proof of employment/Income for last 30 days, such as - paystubs or bank statements Copy of Drivers License or State ID (note that we charge to make copies)

****PET OWNWERS

Copy of pets current county license.

Copy of pets veterinary records which provides animals sex, breed, DOB, up to date vaccinations, proof of spay/neutering and flea & tick prevention.

This information is used to verify identity, employment/income, and to evaluate your ability to rent.

Applications will not be considered for leasing agreement until they are complete. If you have any questions or concerns please contact our office @ 989-785-5608

Thank you,

Nothland Properties 12235 M-32 Atlanta, MI 49709

Phone: (989)785-5608 Fax: (989)785-5640