



1327 Mackinaw Avenue Cheboygan, Michigan

CONTACT

PHONE: (231) 627-7835

WEBSITE: mrdhousing.com

EMAIL:

Mackinawapartments@mrd
housing.com

Dear Applicant,

Thank you for your interest in Mackinaw I and Chippewa Apartments!

Please complete the application and return the original to our office.

Application Fee

\$35.00 for each adult listed on the application. This fee must be paid with a money order (we are unable to accept cash or personal checks). The processing fee is non-refundable and once paid will be utilized to determine eligibility for housing.

The Wait List

Once the leasing office receives your completed application and you are determined to be eligible you will be added to the waitlist. Those on the waitlist will be the first to be offered upcoming apartments.

Prepare Ahead of Time

Below is a list of the documents that will be required at move-in:

- Picture Identification (Driver's license or State issued I.D.) for the adults in the household
- Birth Certificates for all members of the household
- Social Security Cards for all members of the household

Call the leasing office if you need any assistance looking for your new home.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.





APPLICATION FOR RESIDENCY

(Please print clearly)

PROPERTY	
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ManagementResourcesD	evelopment			OO ARRIJOANT		
			APPLICANT		С	O-APPLICANT
Full Name (Last, First, MI)					·	
Social Security Number						
Gross Annual Income				<u> </u>		
Occupation						
Cara (Color / Make / Licensell /	ST/YR)					
Email						
	APP	LICA	NT INFOR	MATION		
PRESENT ADDRESS						APT#
Street		lolo				Phone
City De	alos	(ale -				
Landlord / Lender						
City		tate		Z!p		
PREVIOUS ADDRESS						APT#
Street		1.1.		710		Phone
City		late —				I Hollo
Rent / Own De	I(e)s	Irani			Lolution	
Clly						
OTHERS TO RESIDE IN A	APARTMENT		Relationship	Date of	Annuai	
Full Legel Name	Social Security Number		To Applicant	Birth	Income	Occupation
1 411 449-111-1114	•					
CURRENT EMPLOYER						
Name	81	reet				
City		ate		Zip		Phone
Employment Dates	Position			Salary	Supervisor _	
PREVIOUS EMPLOYER						
Name	e!	raal				
City	SI					Phone
Employment Dates	Position			Selery	Supervisor	
	/ Outlien			<u> </u>		
other income			15		a	ross Annuel AMT
Type of Income		٥	lource / Bank		G	1088 WIIIGHT NW 1
RELATIVES / EMERGENC	Y CONTACT /Not residir	ta with	voui			
1) Name	Relationshit))	3 - • • •		Phone	
Sireel	City	• ——			State	
2) Name					Phone	
Street	Gity				01010	
ET INFORMATION						taralah t
уре	Breed				Height	Weight
IOTE: Keeping of pet requires o			of appileable f	ee/deposit, an	a exacution of Pal	, маавпаит,
lo you or do any occupat						
HE APPLICANT REPRESENTS	THAT ALL OF THE ABOVE S	TATEM	ENTS ARE TR	LIE AND CORR	ECT AND HEREB	Y AUTHORIZES VERIFICATION
f the above information,	references, and credi	T REC	ords,			
	; ··		., .			
fanogement Representative	Data		Applicat	it		Date
MEINS ALTIOCIS LINKS AND CONTRACTAN						

Management Representative

APPLICATION FOR RESIDENCY

(Please print clearly)

MRD
ManagementResourcesDevelopment

CO- APPLICANT INFORMATION

PRESENT ADDRESS					APT#
Street			7/n		Phone
				Payment	110110
Rent / Own Dates Landlord / Lender	Street			,	
Cily					Phone
	, 0(410				
PREVIOUS ADDRESS					APT#
Street					Phone
City				Payment	
Rent / Own Dates Landlord / Lender					
City					Phone
OTHERS TO RESIDE IN APA					
OTHERS TO RESIDE IN APP	KIMENI	Relationship	Date of	Annual	
Full Legel Name	Social Security Number	To Applicant	Birth	Income	Occupation
				·	
					<u> </u>
CURRENT EMPLOYER					
Name	Street.				
Cilv	State .		Zip		
Employment Dates	Position		Salery	Supervisor	
PREVIOUS EMPLOYER					
Name	Street				
	State		Zip		Phone
Employment Dates	Posillon		Salary	Supervisor _	
OTHER INCOME					
Type of Income		Source / Bank		G	ross Annual AMT
тура от пісота					
RELATIVES / EMERGENCY	CONTACT (Not residing wi	(h you)			
1) Name				Phone	
Sireet	444				Z/p
2) Name				Phone	
Street					
PET INFORMATION	75 d			Natahi	Welght
ype	Breed	t ut a nationable	fan/dannelt an	nigieri A to trollion of Pa	t Addendum.
		icoi ahhiicania	ioernahasii aii	A CYDARIAN ALL A	7
o you or do any occupants	smake: 🗆 Yes 🗆 No				
HE APPLICANT REPRESENTS THA	AT ALL OF THE ABOVE STATE	MENTS ARE TR	LUE AND CORF	rectand Hereb	y authorizes verification
of the above information, re	ferences, and credit re	CORDS.			
			-llaant		Date
		Co- App	ildant		Døle

AUTHORIZATION FOR LANDLORD REFERENCE

has applied for occupaname was given as a current or former landlord. We v			are renowing information given by the app
Questions	Answers/Comments		
Dates of move-in and move-out (if applicable)			
Did they fufill lease agreement?			
Monthly Rental Amount		·····	
Did they give a 30 day notice?			•
Any Pets?			
Would you rent to them again? (If not, explain)			
Questions	No	Yes	Comments
Has this tenant had 3 or more late payments within the ast 24 months?			
Has this tenant had 2 or more NSF's within the last 24 nonths?	. 🗆		
las this tenant caused any damage within the last 24 nonths?			
las the tenant received any lease violations within the ast 24 months?			If yes, please explain:
lave you ever filed (with the courts) against this pplicant within the last 24 months?			
ave you ever had to evict this tenant?			
nature of person completing report	•		
ted Name	•		

Rev 5/2013

1,, grant permission to	
(Applicant's Name)	(Community Name)
Apartments to obtain information from my previous and	l/or current landlord, for the sole purpose of verifying my rental
history and other pertinent information that is necessar previous or current landlord to release this information	y to approve my Rental Application. I further authorize any
Name of Applicant	<u>_</u>
Signature of Applicant	Date

CRIMINAL HISTORY ADDENDUM

Applicant:	DOB:
Co-Applicant:	DOB:
Applicant and Co-Applicant state that and understand that	o deny residency or evict iminal background check,
Applicant Signature	Date
Co-Applicant Signature	Date
Management Representative Attached with Application for Residence	Date
(DEV 00 (OE)	

AUTHORIZATION FOR VERIFICATION OF EMPLOYMENT

Dear Human Resource Department:

The following person has applied for occupancy at our Apartment Community. Your name was given on the Rental Application as a current or former employer. Please see the authorization below. We would like to verify the following information:

Date of Hire	Last Day Worked	
Annual Salary \$	Hours per Week	_(based on 5 day work week)
Position/Title		
Will Employment Continue?		
Printed Name of Person Completing For	m Position/Title	
Signature of Person Completing Form	Date	
***********	*******	*******
I,	grant permission to	
Applicants Name		Community Name
Apartments to obtain information from r sole purpose of verifying my income and to approve my Rental Application. I furt to release this information as needed.	d other pertinent informa	tion that is necessary
Signature of Applicant	Dat	e
(REV 08/03)		