



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.



1327 Mackinaw Avenue
Cheboygan, Michigan

CONTACT

PHONE:
(231) 627-7835

WEBSITE:
mrdhousing.com

EMAIL:
Mackinawapartments@mrdhousing.com





Management Resources Development

APPLICATION FOR RESIDENCY
(Please print clearly)

PROPERTY _____

APPLICANT

CO-APPLICANT

Full Name (Last, First, MI)
Social Security Number
Gross Annual Income
Occupation
Cars (Color / Make / License / ST / YR)
Email

APPLICANT INFORMATION

PRESENT ADDRESS

Street
City
State
Zip
Rent / Own
Dates
Landlord / Lender
City
State
Zip
Phone
APT#
Monthly Payment

PREVIOUS ADDRESS

Street
City
State
Zip
Rent / Own
Dates
Landlord / Lender
City
State
Zip
Phone
APT#
Monthly Payment

OTHERS TO RESIDE IN APARTMENT

Table with columns: Full Legal Name, Social Security Number, Relationship To Applicant, Date of Birth, Annual Income, Occupation

CURRENT EMPLOYER

Name
City
State
Zip
Employment Dates
Position
Salary
Supervisor
Street
Phone

PREVIOUS EMPLOYER

Name
City
State
Zip
Employment Dates
Position
Salary
Supervisor
Street
Phone

OTHER INCOME

Table with columns: Type of Income, Source / Bank, Gross Annual AMT

RELATIVES / EMERGENCY CONTACT (Not residing with you)

(1) Name, Relationship, Phone, Street, City, State, Zip
(2) Name, Relationship, Phone, Street, City, State, Zip

PET INFORMATION

Type, Breed, Height, Weight

NOTE: Keeping of pet requires consent of management, payment of applicable fee/deposit, and execution of Pet Addendum.

Do you or do any occupants smoke? Yes No

THE APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS.

Management Representative

Date

Applicant

Date



Management Resources Development

APPLICATION FOR RESIDENCY (Please print clearly)

CO- APPLICANT INFORMATION

PRESENT ADDRESS

Street _____ APT# _____
 City _____ State _____ Zip _____ Phone _____
 Rent / Own _____ Dates _____ Monthly Payment _____
 Landlord / Lender _____ Street _____
 City _____ State _____ Zip _____ Phone _____

PREVIOUS ADDRESS

Street _____ APT# _____
 City _____ State _____ Zip _____ Phone _____
 Rent / Own _____ Dates _____ Monthly Payment _____
 Landlord / Lender _____ Street _____
 City _____ State _____ Zip _____ Phone _____

OTHERS TO RESIDE IN APARTMENT

Full Legal Name	Social Security Number	Relationship To Applicant	Date of Birth	Annual Income	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CURRENT EMPLOYER

Name _____ Street _____
 City _____ State _____ Zip _____ Phone _____
 Employment Dates _____ Position _____ Salary _____ Supervisor _____

PREVIOUS EMPLOYER

Name _____ Street _____
 City _____ State _____ Zip _____ Phone _____
 Employment Dates _____ Position _____ Salary _____ Supervisor _____

OTHER INCOME

Type of Income	Source / Bank	Gross Annual AMT
_____	_____	_____
_____	_____	_____

RELATIVES / EMERGENCY CONTACT (Not residing with you)

(1) Name _____ Relationship _____ Phone _____
 Street _____ City _____ State _____ Zip _____
 (2) Name _____ Relationship _____ Phone _____
 Street _____ City _____ State _____ Zip _____

PET INFORMATION

Type _____ Breed _____ Height _____ Weight _____

NOTE: Keeping of pet requires consent of management, payment of applicable fee/deposit, and execution of Pet Addendum.

Do you or do any occupants smoke: Yes No

THE APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, AND CREDIT RECORDS.

 Co-Applicant Date

AUTHORIZATION FOR LANDLORD REFERENCE

To Whom It May Concern:

_____ has applied for occupancy at _____ apartment community. Your name was given as a current or former landlord. We would like to verify the following information given by the applicant.

Questions	Answers/Comments
Dates of move-in and move-out (if applicable)	
Did they fulfill 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 last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Has this tenant had 2 or more NSF's within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Has this tenant caused any damage within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the tenant received any lease violations within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
Have you ever filed (with the courts) against this applicant within the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had to evict this tenant?	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of person completing report

Printed Name

Position/Property Name

Date

I, _____, grant permission to _____
(Applicant's Name) (Community Name)

apartments to obtain information from my previous and/or current landlord, for the sole purpose of verifying my rental history and other pertinent information that is necessary to approve my Rental Application. I further authorize any previous or current landlord to release this information as needed.

Name of Applicant _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY ADDENDUM

Applicant: _____

DOB: _____

Co-Applicant: _____

DOB: _____

Applicant and Co-Applicant state that they have no Criminal History and understand that _____ (Estates/Apartments) has the option to deny residency or evict Applicant and Co-Applicant should a criminal background check, processed for the applicants, return with an unacceptable criminal record.

Applicant Signature

Date

Co-Applicant Signature

Date

Management Representative

Date

Attached with Application for Residency

(REV 09/05)

