

Rental Application



GENERAL INFORMATION

Name(s) to appear on lease: _____

Expected Move-In Date _____

Last First M. Init SS# DOB

Last First M. Init SS# DOB

All other occupants to live in apartment (including children) _____
Last First DOB

Last First DOB Last First DOB

RESIDENCE HISTORY

Present Address City, State, Zip Monthly Payment (Area Code) Phone # How long

Name of apt/landlord/mortgage co. (Area Code) Phone # Reason for leaving

If less than 1 year at current address: _____

Present Address City, State, Zip Monthly Payment (Area Code) Phone # How long

Name of apt/landlord/mortgage co. (Area Code) Phone # Reason for leaving

Have you ever been evicted? _____ If yes, explain _____

Failed to pay rent timely? _____ If yes, explain _____

PERSONAL INFORMATION

Driver's License # State Exp Date

Spouse's License # State Exp Date

Vehicle(s) Year Make Model Color Plate #

Vehicle(s) Year Make Model Color Plate #

Do you own a motorcycle, van, boat, trailer or camper? If so, please specify _____

Have you or a family member ever been convicted of a criminal offense? _____ If yes, explain: _____

Closest relative not residing with applicant: _____
Name (Area Code) Phone

Address City, State and Zip

Nature of relationship to that relative: _____

In case of emergency notify: _____ Relationship _____

Address City/State/Zip (Area Code) phone # ALT phone #

Owner shall not be legally obligated to contact physician or EMS (or its equivalent) in case of serious illness or injury.

PETS (if applicable): Breed _____ Color _____ Weight _____
Breed _____ Color _____ Weight _____

EMPLOYMENT INFORMATION

Your employment status: full time part time Student Retired Unemployed

Present Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position: _____ Monthly Wages: _____ How long employed _____

Previous Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position: _____ Monthly Wages: _____ How long employed _____

Spouse's employment status: full time part time Student Retired Unemployed

Present Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position: _____ Monthly Wages: _____ How long employed _____

Previous Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position: _____ Monthly Wages: _____ How long employed _____

Additional sources of income: _____

FINANCIAL INFORMATION

Checking Account _____
Bank Branch City.State Account # Telephone

Savings Account: _____
Bank Branch City.State Account # Telephone

Have you ever declared bankruptcy? _____ If yes, explain _____

I certify that the facts set forth in this RENTAL APPLICATION (a copy of which has been supplied to me) are true and complete to the best of my knowledge and belief. I understand that a knowing false statement on this application is grounds for denial, termination of lease, and/or eviction. I consent that the information above may be verified, and I further authorize the owner to make any investigation of my residence history, employment history, and credit/financial references. All such information heron will be kept confidential.

I agree that the required Application Fee of **\$ 30.00** received by management on (date): _____ will not be refunded for any reason. I understand that Timber View, LLC is an agent of the Landlord. I authorize the agent to conduct an employment/credit check concerning this application and to verify references. I understand that this is an application only, and I acquire no rights in an apartment until said application is approved, I pay the required deposit, and I sign a Lease Agreement. At that time, this application would become part of the lease.

*Applicant Signature _____ Mobile # _____ Date _____

*Spouse Signature _____ Mobile # _____ Date _____

It is our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws.

**Please submit application to
Timber View Apartments
15056 Elizabeth Jean CT. Grand Haven, MI 49417
Phone 616-844-4221 Fax: 616-844-4324**

LANDLORD REFERENCE

Dear Landlord Agent,

Applicant Name: _____ has applied for an apartment at our community and your name was given as a previous or current landlord.

- ❖ We would appreciate your cooperation in determining whether this individual will meet our qualifying criteria. Please complete this form and return it to us at your next convenience.
- ❖ You may fax it to us at (616) 844-4324 or you may mail it to us at 15056 Elizabeth Jean Ct. Grand Haven, MI 49417.
- ❖ If you have any questions, or cannot supply this information, please contact our office at the phone number listed at the bottom of this page. Thank you!

MY SIGNATURE BELOW AUTHORIZES YOU TO RELEASE THIS INFORMATION.

Prospective tenant _____ Date _____

- Please verify this person was/is a resident at the address indicated:

- Are they a _____ current or _____ former resident?
- What was their monthly rate? _____
- How long did they live there? _____
- If they are on a current lease, please state the lease expiration date: _____
- Number of late payments in the last 12 months: _____
- Number of non-sufficient funds payments received in the last 12 months: _____
- Did you receive any complaints regarding this person and /or persons, their guests, pets, or apartment? ___ If yes, please explain:

- Have they given proper notice to vacate? _____
- Would you rent to them again in the future _____

Signature _____ Title _____

Print Name _____ Date _____

Leasing Office: 15056 Elizabeth Jean Ct. Grand Haven, MI. 49417
Phone: 616-844-4221 Fax: 616-844-4324

EMPLOYMENT VERIFICATION

Employee Name: _____

Social Security Number: _____

Employed by: _____

Position _____ Years of Employment: _____

Business Address: _____

Phone Number: _____

Name of Supervisor: _____

Current Wages _____ per _____ Number of hours _____

Pay Schedule: Weekly ___ Monthly ___ Bi ___

Other Compensation:

Signed: _____
(Supervisor's Signature)

Date: _____

Title: _____

Phone #: _____

Timber view apartments reserves the right to verify the above information and will keep all information in confidence. I hereby authorize the release of the above information:

Applicant's Signature

Date

**** IF SELF EMPLOYED, YOU MUST PROVIDE A COPY OF A TAX STATEMENT**

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