

# Rental Application

O'Brien Real Estate, INC.  
527 S. Westnedge Ave  
Kalamazoo, MI 49007

Phone: (269) 381-6474 Fax: (269) 381-8833

Date \_\_\_\_\_  
Time \_\_\_\_\_

## TENANT APPLICATION

**THERE IS A \$20.00 NON-REFUNDABLE APPLICATION FEE** Please fill out application completely.

THE UNDERSIGNED HEREBY MAKES APPLICATION TO RENT (address) \_\_\_\_\_, BEGINNING ON (date) \_\_\_\_\_ AT A MONTHLY RENTAL RATE OF \$ \_\_\_\_\_.

### YOUR INFORMATION (please print)

FULL LEGAL NAME (W/ MIDDLE NAME): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENCE # or MI ID# \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

NAME OF CO-APPLICANT OR ROOMMATES \_\_\_\_\_

NUMBER OF DEPENDENTS (EXCLUDING CO-APPLICANTS) \_\_\_\_\_ AGE OF DEPENDENT(S) \_\_\_\_\_

PETS (NUMBER AND TYPE) \_\_\_\_\_ PLEASE NOTE THERE MAY BE AN EXTRA CHARGE FOR PETS

### CURRENT ADDRESS

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTH & YEAR MOVED IN \_\_\_\_\_ RENTAL RATE \$ \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ LANDLORDS PHONE NUMBER \_\_\_\_\_

Do you rent this residence?  Yes  No Have you given written notice to leave?  Yes  No

### PREVIOUS ADDRESS

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RENTAL RATE \$ \_\_\_\_\_ FROM DATE \_\_\_\_\_ TO DATE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ LANDLORDS PHONE NUMBER \_\_\_\_\_

IF STUDENT: PERMANENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### EMPLOYMENT HISTORY:

CURRENT EMPLOYER \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

SALARY \$ \_\_\_\_\_ HOUR ( ) WEEK ( ) MONTH ( ) YEAR ( )

SUPERVISORS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMPLOYMENT STATUS: FULL TIME ( ) PART TIME ( ) STUDENT ( ) UNEMPLOYED ( ) RETIRED ( )

IF UNEMPLOYED OR STUDENT LIST SOURCE OF INCOME \_\_\_\_\_

**YOUR PREVIOUS EMPLOYMENT** (must be completed if current employment history is less than one year) \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ PAY RATE\$ \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

SALARY \$ \_\_\_\_\_ HOUR ( ) WEEK ( ) MONTH ( ) YEAR ( )

SUPERVISORS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMPLOYMENT STATUS: FULL TIME ( ) PART TIME ( ) STUDENT ( ) UNEMPLOYED ( ) RETIRED ( )

**YOUR RENTAL AND CRIMINAL HISTORY: HAVE YOU EVER.....** \_\_\_\_\_

- BEEN ASKED TO MOVE OUT OR BEEN EVICTED? ( ) NO ( ) YES
- BEEN SUED FOR DAMAGES TO A RENTAL UNIT? ( ) NO ( ) YES
- FILED FOR BANKRUPTCY IN THE LAST 4 YEARS? ( ) NO ( ) YES
- REFUSED TO PAY RENT WHEN DUE? ( ) NO ( ) YES
- BEEN SUED FOR NON-PAYMENT OF RENT? ( ) NO ( ) YES
- BROKEN A RENTAL AGREEMENT OR LEASE? ( ) NO ( ) YES

DOES YOUR CURRENT HOUSING CURRENTLY HAVE, OR IN THE PAST HAD INFESTATIONS OF ANY OF THE FOLLOWING:

- MICE ( ) NO ( ) YES
- COCKROACHES ( ) NO ( ) YES
- BED BUGS ( ) NO ( ) YES
- OTHER INSECTS or RODENTS ( ) NO ( ) YES
- TYPE(s): \_\_\_\_\_

BEEN ARRESTED OF A FELONY OR MISDEMEANOR INVOLVING ANY OF THE FOLLOWING: violent or sex crime, fraud, embezzlement or theft, destruction of property, public lewdness, indecent exposure, violence, stalking, fire-arms, alcohol related activities, illegal drug or any crime involving a minor, that resolved by conviction, probation or deferred adjudication? ( ) NO ( ) YES  
IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

Please indicate the year, location and type of each felony or misdemeanor and sex-related crime other than those that have been resolved by dismissal or acquittal. \_\_\_\_\_

**YOUR VEHICLE** \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
LICENCE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**OTHER RESIDENTS** \_\_\_\_\_

List the legal names and ages and date of birth for ALL other people who will occupy this unit. All occupants 18 years of age or older will be required to complete an application if this unit intends on being their primary residence. If the legal age of majority (the age at which an individual has the full legal right to make all decisions for him/herself, based on state law) for any particular state is less than or greater than the age of 18- that ages shall prevail and be accepted.

Name	Age/Date of Birth
_____	_____
_____	_____
_____	_____

ARE YOU A SMOKER? ( ) NO ( ) YES

ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD THAT HAVE BEEN DIAGNOSED WITH LEAD POISONING IN THE PAST? IF SO, WHAT WERE THEIR LEVELS? ( ) NO ( ) YES IF YES, LEVELS: \_\_\_\_\_

Are you receiving Housing Assistance? ( ) NO ( ) YES If Yes, name of Assistance Provider \_\_\_\_\_

IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST AND A CONTACT TO VERIFY. YOU DO NOT HAVE TO REVEAL ALIMONY, CHILD SUPPORT OR SPOUSE'S INCOME UNLESS YOU WANT US TO CONSIDER IT IN THIS APPLICATION.

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rent is to be payable on the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept the application, I warrant that all statements above set forth are true.

However, should any statement made above be a misrepresentation or not a true statement of facts, \$20.00 of my deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby present my Social Security card and State Identification card or Drivers License to verify my identity.

In addition to the above stated deposit, I hereby deposit a non-refundable application fee in the amount of \$20.00 as payment for the agent's cost of credit report, employment verification and reference check per the schedule shown below. I understand and agree that this non-refundable application fee will not be returned to me whether my application is approved or denied. I further understand that this fee is over and above any security deposit required by this tenancy should my application be approved.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT AND CRIMINAL BACKGROUND CHECK, MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY ACQUAINT. THIS INQUIREY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION. I FURTHER UNDERSTAND AND AGREE THAT A CREDIT REPORT WILL BE OBTAINED FROM A CONSUMER REPORTING AGENCY AND THE INFORMATION OBTAINED WILL BE USED TO CONSIDER MY ELIGIBLILTY FOR TENANCY.

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Application Fee received \$ \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

EMERGENCY CONTACT NUMBER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Current Landlord information below:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_

From: Rick Anderson  
O'Brien Real Estate  
Kalamazoo, Michigan  
Telephone #: 269-381-6474  
Fax: 269-381-8833

**LANDLORD REFERENCE REQUEST**

Applicant (s): \_\_\_\_\_ Move-in Date: \_\_\_\_\_

Address: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

- 1. What is/was the individual's rental rate? \_\_\_\_\_
- 2. What is/was included in the rent? Heat cable other \_\_\_\_\_
- 3. Does/did the individual pay rent on time? \_\_\_\_\_
- 4. If no, how often did you issue a notice for nonpayment of rent? \_\_\_\_\_
- 5. Are there any complaints filed regarding residency (noise, NSF Checks, etc.)? \_\_\_\_\_

Please explain:

- 6. Does/did the individual have a pet? \_\_\_\_\_
- 7. Is the person on lease alone or is there a roommate or co obligor? \_\_\_\_\_
- 8. Was a move-out notice given? \_\_\_\_\_
- 9. If individual is not longer a resident:
  - Were the terms of the lease fulfilled? \_\_\_\_\_
  - Were there any damages to the apartment after move-out? \_\_\_\_\_
  - Have any outstanding amounts been paid? \_\_\_\_\_
- 10. Would you rent to this person again? \_\_\_\_\_

Please sign and return to address or fax number above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

By my signature below, I authorize the release of information to be used for a landlord reference.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND FILLED OUT BY CURRENT LANDLORD ONLY.**

# O'Brien Real Estate

527 S. Westnedge, Kalamazoo, Michigan 49007

Telephone 269-381-6470

Fax 269-381-8833

## VERIFICATION OF EMPLOYMENT

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

## INFORMATION BEING REQUESTED

1. Employed since \_\_\_\_\_ Occupation \_\_\_\_\_ Salary \_\_\_\_\_  
Date present rate became effective \_\_\_\_\_

2. GROSS PAY RATE (YOU MUST CHOOSE ONE)

Hourly Rate: \_\_\_\_\_ Or Weekly Rate: \_\_\_\_\_ Or Monthly Rate: \_\_\_\_\_

If paid hourly, what are the average hours per week? \_\_\_\_\_

IF THIS APPLICANT DOES NOT WORK YEAR ROUND, what is the average numbers of weeks?  
worked: \_\_\_\_\_

3. OVERTIME RATE (PER HOUR) \_\_\_\_\_ EXPECTED OVERTIME (WEEKLY) \_\_\_\_\_

4. OTHER COMPENSATION NOT INCLUDED ABOVE (PLEASE SPECIFY)

Commission, Bonuses, Tips, etc:

FOR: \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_

5. Total base pay for the past 12 months \$ \_\_\_\_\_ Total Overtime \$ \_\_\_\_\_

6. Do you anticipate any change in pay within the next 12 months? \_\_\_\_\_

If so, what will change? \_\_\_\_\_

\_\_\_\_\_  
Name/Title of Person Supplying Information

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

By my signature below, I authorize the release of information to be used for a landlord and employment reference.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND FILLED OUT BY EMPLOYER ONLY.**