

David Elya

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RENTAL APPLICATION

Today's Date:			
Rental Address Shown:			
Rental Price:		Deposit Required:	
Occupancy Date Desired:			

APPLICANT #1 INFORMATION

Last Name		First		M.I.	
Birth Date		Driver's License/State ID Number			
Social Security #		E-Mail			
Main Phone		Cell Phone		Work Phone	

APPLICANT #2 INFORMATION

Last Name		First		M.I.	
Birth Date		Driver's License/State ID Number			
Social Security #		E-Mail			
Main Phone		Cell Phone		Work Phone	

ADDITIONAL APPLICANTS *(List every occupant name and their relationship below, including children)*

How many pets do you have?		Type?			
Preferred Rental Due Date:	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Annually	How long do you plan on living in the next rental home that meets your needs?			
Are you able to handle all the minor maintenance/upkeep in the property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any water-filled furniture?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Check the following items that you own: <i>Please note: Residents are required to perform minor maintenance and repairs as part of the lease agreement to maintain the property.</i>			<input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Mop	<input type="checkbox"/> Broom <input type="checkbox"/> Plunger <input type="checkbox"/> Lawn Mower	
Do you have renter's insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever broken a lease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever refused to pay rent for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:		
Have you ever been evicted or asked to leave a rental unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever filed for bankruptcy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Currently have phone service in your name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Currently have any utilities in your name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you know of anything or any reason which may	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Is there anything to prevent you from placing utilities or phone in your name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Will you give us permission to do a criminal background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you give us authorization to obtain a credit report?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	* Credit reports are obtained through the AOA Tenant Screening Company		
I hereby authorize David Elya to obtain my (our) credit report(s):					
Signature _____			Signature _____		
CURRENT RESIDENCE					
Present Street Address: _____					
City	_____	State	_____	ZIP	_____
Dates lived at this address:		_____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Occupy
Name of present landlord/owner/mortgage company:			Landlord's phone: _____		
Address of present landlord/mortgage/company: _____					
Account #:		_____	Monthly payment: _____		
Reason for moving:		_____	Is your rent/mortgage current?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of late payments:		_____	Security Deposit Amount currently held by landlord: _____		
RESIDENCE HISTORY					
Previous Street Address: _____					
City	_____	State	_____	ZIP	_____
Dates lived at this address:		_____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Occupy
Name of previous landlord/owner/mortgage company:			Landlord's phone: _____		
Reason for moving:		_____	Was your Full Security Dep. Returned?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of late payments:		_____	Monthly payment: _____		
Do we have your approval to contact your previous landlord or Mortgage Company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
INCOME HISTORY					
Applicant's current employment status:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (less than 32hrs) <input type="checkbox"/> Student <input type="checkbox"/> Retired		<input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	
Applicant employed by:		_____	Supervisor's name: _____		
Street Address: _____					
City	_____	State	_____	ZIP	_____
Phone:	_____	Position:	_____	Salary:	_____
Average Weekly hours:		_____	How long at place of employment? _____		
Please indicate: Weekly, Bi-Weekly, Monthly, or Annual Average Take home: \$					
May we contact your employer to verify employment?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

ADDITIONAL EMPLOYMENT										
Employed by:			Supervisor's name:							
Street Address:										
City		State			ZIP					
Phone:		Position:			Salary:					
Average Weekly hours:			How long at place of employment?							
Please indicate: Weekly, Bi-Weekly, Monthly, or Annual Average Take home: \$										
ADDITIONAL INCOME (optional)										
If there are additional, verifiable sources of income you would like considered, Please list income source (i.e., self-employment, social security, benefit payments, etc.), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.										
Additional Source #1:			Amount:							
Contact person:			Phone:							
How long have you been receiving income from this source?			How long do you expect this income to continue?							
Is there any reason it would stop?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
EMERGENCY RENTAL PAYMENTS										
In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?										
1 st Emergency Contact:			Relationship:							
Street Address:										
City		State			ZIP					
Phone #:			2nd Phone #:							
2 nd Emergency Contact:			Relationship:							
Street Address:										
City		State			ZIP					
Phone #:			2nd Phone #:							
VEHICLES / ASSETS / CREDITS / LOANS										
Number of vehicles on property?			Valid registration & inspection?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Do you have any commercial vehicles?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		RV, campers, boats or motorcycles?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Please note, only cars on application are authorized to be on premises.										
Vehicle #1 Make/model/color/year:			Plate number:			State:				
Financed/leased through:			Contact and phone number:							
Acct. #:			Monthly payment:							
Vehicle #2 Make/model/color/year:			Plate number:			State:				
Financed/leased through:			Contact and phone number:							
Acct. #:			Monthly payment:							

CREDIT CARDS / LOANS (including banks, department store, gas cards, student loans)										
Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent?							YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Creditor:										
Address:										
City					State		ZIP			
Phone:				Account #:				Monthly Payment:		
Total amount owed:					Are your payments current?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Additional Creditor:										
Address:										
City					State		ZIP			
Phone:				Account #:				Monthly Payment:		
Total amount owed:					Are your payments current?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Additional Creditor:										
Address:										
City					State		ZIP			
Phone:				Account #:				Monthly Payment:		
Total amount owed:					Are your payments current?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Additional Creditor:										
Address:										
City					State		ZIP			
Phone:				Account #:				Monthly Payment:		
Total amount owed:					Are your payments current?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
List any other current monthly expenses (please list amounts):										
Hospital payment:				Child care:				Health Insurance:		
Auto Insurance:				Cable TV:				Renter's Insurance:		
								Tuition:		
								Other:		
BANK REFERENCE										
Name of bank and branch:										
Branch address:										
City					State		ZIP			
Phone:				Checking Account #:				Savings Account #:		
How long checking account active?					Average monthly balance (checking):					
How long savings account active?					Average monthly balance (savings):					
PERSONAL REFERENCE										
Name:										
Address:										
City					State		ZIP			
Phone:				Relationship:				How long?		

PROFESSIONAL REFERENCE (i.e., attorney, accountant)					
Name:					
Address:					
City		State		ZIP	
Phone:		Relationship:		How long?	
NAME OF NEAREST LIVING RELATIVE:					
Name:					
Address:					
City		State		ZIP	
Phone:		Relationship:		How long?	

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Management has a question regarding this application, please furnish the best contact phone number:					
Contact person:		Day phone:		Night phone:	

THANK YOU!

David Elya

Property Manager

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following which will be copied and attached to this application:

- Driver's License or Michigan picture ID
- Personal voided check (to verify bank)
- 2 weeks of most current pay stubs of each income source listed
- If self-employed, most current Schedule C tax return and proof of current income.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____