

CLAIRRIDGE ESTATES RENTAL APPLICATION
36780 Harper Ave, Clinton Twp MI 48035 (586) 791-8450
PROVIDING A CLEAN AND QUIET LIVING ATMOSPHERE

Date _____

Property Address _____	Number of persons to occupy apt. _____
Term of lease _____	Rental rate _____
Applicant's name _____	Birthday _____
Co-Applicant's name _____	Birthday _____
Present Address _____	Phone Number _____
Children's Name(s) _____	Ages _____
Present Landlord _____	Who to Contact _____
Address _____	Phone Number _____
If you have lived there less than five years what was your previous address	

APPLICANT'S EMPLOYMENT INFORMATION

Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Position _____
Monthly Gross Income _____	Social Security # _____

CO-APPLICANT'S EMPLOYMENT INFORMATION

Co-Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Position _____
Monthly Gross Income _____	Social Security # _____

APPLICANT'S BANKING INFORMATION

Applicant banks at _____	Branch _____
Checking Account Number _____	Savings Account Number _____

Name of Nearest relative not living with you _____ Phone # _____

Address _____

IN MAKING THIS APPLICATION IT IS MUTUALLY AGREED BETWEEN CLAIRRIDGE ESTATES APARTMENTS AND THE PROPOSED TENANT

- (1) Possession of a Clairridge Estates Apartment will not be given to the applicant until this application has been verified and approved by the landlord
- (2) The landlord will either accept or reject the application within five days from the date of application. If accepted the deposit will be credited toward of the first month's rent. If rejected the deposit will be returned to the applicant. The applicant waives any claim of damages relating to non-acceptance of this application. The landlord may reject the application without stating the reason for the rejection.
- (3) If the balance of the first's months rent and security deposit are not paid within five days after the application is accepted, the deposit will be forfeited to the landlord as liquidated damages.
- (4) The applicant and any co-applicant are required to disclose any felony convictions and the nature of the conviction and sentence imposed.
- (5) If the applicant requires a pet for assisted living, supporting documentation must be provided with this application.
- (6) There is a non-refundable Qualification fee of \$20.00 due with application.
- (7) We must have a copy of Drivers license and Social Security card at the time of application, for applicant and any co-applicant.
- (8) Deposit fee returned only if application is rejected by the landlord, otherwise no refund under any circumstances.
- (9) The Applicant and any co-applicant by signature below, consent to verification by Landlord of the information on this application including contact with credit reporting agencies, employers, former landlords.

Applicant's signature

Date

Co-Applicant's signature

Date

Make of Automobile

License Plate Number

Application was taken by

Date

Consent to Background Check

I authorize Clairridge Estates Apartments to obtain information about me from my credit sources, current and previous landlords and employers. I authorize my credit sources, current and previous landlords and employers to disclose to Clairridge Estates Apartments such information about me as Clairridge Estates Apartments may request. I understand that I will be required to submit a copy of my driver's license and social security card.

Have you ever been convicted of a felony ____ Yes ____ No

If Yes, Please Explain: _____

Failure to report a felony will result in termination of lease.

If you have a disability such as hearing or vision and require a dog, documentation of this requirement must be submitted with your application.

I have read the above criteria and accept the above terms.

_____ Applicant Signature