

# APPLICATION FOR RESIDENCY

Date \_\_\_\_\_  
 Property Address \_\_\_\_\_ Apartment # \_\_\_\_\_ Type \_\_\_\_\_ Monthly Rate \_\_\_\_\_  
 Name of apartment community Foote Hills Estates  
 City Kentwood, MI County Kent  
 Date rent is to start \_\_\_\_\_  
 Length of lease from \_\_\_\_\_ To \_\_\_\_\_

The following items must be paid with certified check or money order when Lease is signed and before possession is granted. Keys will not be given until Lease is signed and apartment is readied for occupancy.

Rent ..... \$ \_\_\_\_\_  
 Security Deposit ..... \$ \_\_\_\_\_  
 Non Refundable Administration Fee ..... \$ \_\_\_\_\_  
**TOTAL** ..... \$ \_\_\_\_\_  
 + Less ..... \$ \_\_\_\_\_  
 Balance Due ..... \$ \_\_\_\_\_

All rent checks are to be made payable to Foote Hills Estates  
 Address: 4630 Common Way SE Kentwood, MI 49546

## INFORMATION AND REFERENCES

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Present Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Length of time at present address \_\_\_\_\_  Apt.  Single Home  Owned  Rent  
 Length of time at previous address \_\_\_\_\_  Apt.  Single Home  Owned  Rent

Print name of every person who will occupy premises:

Name	Age & Birthdate	Sex	Family Relationship

Present Landlord \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 If less than 5 years, previous address \_\_\_\_\_

Child occupants No. \_\_\_\_\_ Names \_\_\_\_\_ Ages \_\_\_\_\_

Resident Employed by: \_\_\_\_\_ Business Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Position or Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

How long employed? \_\_\_\_\_ Approximate yearly income \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Resident Employed by: \_\_\_\_\_ Business Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Position or Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

How long employed? \_\_\_\_\_ Approximate yearly income \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Type  Commercial  Savings Account No. \_\_\_\_\_

Number of Cars \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_

### CREDIT REFERENCES (LIST THREE)

NAME	CITY OR TELEPHONE NUMBERS
1 _____	_____
2 _____	_____
3 _____	_____

### PERSONAL REFERENCES (LIST THREE)

NAME	CITY OR TELEPHONE NUMBERS
1 _____	_____
2 _____	_____
3 _____	_____

PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Application taken by \_\_\_\_\_ X  
 \_\_\_\_\_ X

## NO PETS ALLOWED

Signature(s) of applicant(s)

Applicant represents that statements made above are true and correct and hereby authorizes verification of references. Possession of the above described premises will not be given to Applicant until this Application has been checked and approved by the owner, and present tenant has vacated the premises.  
 The management reserves the right to return any Application without stating a reason for doing so. This application does not guarantee tenancy until a Lease has been executed between LANDLORD and TENANT.

White - Resident Copy Yellow - Home Office Copy Pink - Community Copy



Equal Housing Opportunity  
 Equal Opportunity Employer

