BLOOMFIELD TOWNHOMES RENTAL APPLICATION

1695 Bloomfield Dr. SE, Grand Rapids, MI 49508 616-281-7120 fax 616-281-7130 bloomfield@firstmerit.net

DATE:		ANY OCCUPANT	OVER 18 MUST C	COMPLETE APPLIC	CATION			
APARTMENT NUMBER	UNIT TYPE	REQUESTED MC	VE IN DATE	LEASE TERM		RENTAL RATE		SPECIAL
APPLICANT #1 NAME - FIRST		MIDDLE		LAST		•	ALIAS (i.e. MADIEN, NICKNAME, ETC)	
SOCIAL SECURITY #		DATE OF BIRTH		DRIVER LICENSE #/STATE			CELL PHONE NUMBER	
APPLICANT #2 NAME - FIRST		MIDDLE		LAST		ALIAS (i.e. MADIEN, NICKNAME, ETC)		
SOCIAL SECURITY#		DATE OF BIRTH		DRIVER LICENSE #/STATE			CELL PHONE NUMBER	
OTHER COOLINANTS (MAMES OF	DEDOONO.II	IDED THE AGE OF	40)	<u>I</u>				
OTHER OCCUPANTS (NAMES OF A	ALL PERSONS UN	1			T		_	
NAME		SOCIAL SECURI	TY#	DATE OF BIRTH			SEX	RELATIONSHIP
NAME		SOCIAL SECURITY #			DATE OF BIRTH		SEX	RELATIONSHIP
NAME		SOCIAL SECURI	TY#		DATE OF BIRTH		SEX	RELATIONSHIP
NAME		SOCIAL SECURITY #			DATE OF BIRTH		SEX	RELATIONSHIP
NAME		SOCIAL SECURITY#			DATE OF BIRTH		SEX	RELATIONSHIP
NAME		SOCIAL SECURITY #			DATE OF BIRTH		SEX	RELATIONSHIP
NAME		SOCIAL SECURITY #			DATE OF BIRTH		SEX	RELATIONSHIP
APPLICANT #4 PEOIDENCE								
APPLICANT #1 RESIDENCE						I		
PRESENT ADDRESS - RENT OWN				FR		FROM TO		FOR OFFICE USE ONLY APPLICATION FEE:
CITY		STATE		ZIP		PHONE NUMBER		\$
NAME OF LANDLORD AND/OR OFFICE				RENT AMOUNT		PHONE NUMBER		RESERVATION FEE/ DEPOSIT RECEIVED:
PREVIOUS ADDRESS (IF WITHIN 3	FRC		FROM	ТО	s			
CITY STATE			ZIP		ZIP	<u> </u>		PHOTO ID CHECKED
NAME OF LANDLORD AND/OR OFFICE		RENT AMOUNT		PHONE NUMBER		R		DATE AND INITIALS
ADDI ICANT #4 CTATUS: / \ EMDI	OVED ET () E	MDI OVED DE /) CTUDENT ()	DETIDED () NO	T EMBLOYED			DATE AND INITIALS
APPLICANT #1 STATUS: () EMPLOYED FT () E		POSITION		MONTHLY INCOME		FROM	ТО	
BUSINESS ADDRESS	DRESS CITY		STATE SUPERVISOR		PHONE NUMBER		₹	MANAGER'S REVIEW
						50011 50		
PREVIOUS EMPLOYER (IF WITHIN 12 MONTHS)		POSITION		MONTHLY INCOME		FROM	ТО	APPROVEDNOT APPROVED
BUSINESS ADDRESS		CITY STATE		SUPERVISOR		PHONE NUMBER		
INCOME SOURCE OTHER THAN EMPLOYMENT			PHONE # AND CONT		NTACT TO VERIFY		AMOUNTS	DATE AND INITIALS
								REASON:
APPLICANT #2 RESIDENCE (IF DIF	FERENT FROM A	APPLICANT #1)						-
PRESENT ADDRESS - RENT OWN				FROM		FROM	ТО	
CITY	STATE			ZIP		PHONE NUMBER		RESIDENT NOTIFIED
NAME OF LANDLORD AND/OR OFFICE		1		RENT AMOUNT		PHONE NUMBER		DATE
PREVIOUS ADDRESS (IF WITHIN 3 YEARS) RENTOWN				I		FROM	ТО	SPOKE WITH:
CITY				ZIP		1		
NAME OF LANDLORD AND/OR OFFICE		RENT AMOUNT			PHONE NUMBER			

APPLICANT #2 STATUS: () EMP	LOYED FT () E	MPLOYED PT	() STUDENT	()RETIRED ()NOT EMP	PLOYED						
EMPLOYER		POSITION		INCOME	FROM	ТО					
BUSINESS ADDRESS		CITY	STATE	SUPERVISOR	PHONE NUMB	ER	1				
PREVIOUS EMPLOYER (IF WITHIN 12 MONTHS)		POSITION		INCOME	FROM	ТО					
BUSINESS ADDRESS		CITY	STATE	SUPERVISOR	PHONE NUMB	ER	1				
INCOME SOURCE OTHER THAN EMPLOYMENT			CONTACT AN	ND PHONE # TO VERIFY	AMOUNTS						
Have you or your co-applicant ev Been evicted or asked to move out' Been sued for nonpayment of rent? Been convicted of, or plead guilty, o	? () Yes () No () Yes () No	Broken Been su	a rental agreemented for damage to r	ent or lease contract? () Yes rental property? () Yes ()	, ,	ankruptcy? () Yes I of a felony? () Ye e year , location and	es () No				
PETS											
YESNO	#	TYPE/COLOR	WEIGHT		TYPE/COLOR/	WEIGHT					
MARKET SOURCE	•	•			•						
HOW DID YOU HEAR ABOUT US?				REASON FOR MOVING?	REASON FOR MOVING?						
AUTOMOBILES & VEHICLES (LIN	IIT MAY APPLY; RE	1	VEHICLES, BOAT		·						
MAKE/MODEL		YEAR		COLOR	LICENSE#/STA	STATE					
MAKE/MODEL	MAKE/MODEL			COLOR	LICENSE#/STA	NSE#/STATE					
mortgage payment history, and all of I release and agree to hold their prostemming from any lease, the prevailable. APPLICATION FEE:	vider of such informations vider of such informations vide in the	ation harmless for to recover attorn application fee o	or providing any receivey's fees and all of	quested information or reports. I ther costs of litigation from the le ield Townhomes for up to 3 app	n any lawsuit relating to this osing party. licants and \$10.00 for each	application, including	g statutory or regulatory rights n. I acknowledge that this fee is for				
RESERVATION FEE:	applying and gathering information. I acknowledge that this fee is not refundable for any reason and is not applied toward the deposit or rental payment. I hereby acknowledge \$300.00 will be due as a reservation fee at the time of application and will be non-refundable after 48 hours of my application approval, which may be applied to my move-in costs. I acknowledge that I am aware that a rental unit cannot be held for more than 30 days from the ready date. If I am approved I agree to execute a lease for months. I agree to pay the balance of my security deposit on or before the move-in date. I acknowledge that I can cancel my application up to 48 hours after acceptance without penalty. If I choose to cancel after 48 hours, my reservation fee will be forfeited to Bloomfield Townhomes as liquidated damages for non-performance and compensation for holding rental unit off the market.										
I acknowledge that I have read an	d understand the f	oregoing disclo	sures, waivers, re	eleases, and agreements.							
APPLICANT'S SIGNATURE					DATE						
APPLICANT'S SIGNATURE					DATE						
APPLICANT'S SIGNATURE					DATE						
SIGNATURE OF OWNERS REPRE	ESENTATIVE				DATE						
Our representative's signature is co	nsent to the above a	pplication. It doe	es not bind us to ac	ccept applicant.							

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, 18), marital status or age. national origin, religion, handicap, familial status (presence of children under age 18), marital status or age.

