

BLOOMFIELD TOWNHOMES RENTAL APPLICATION

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DATE: _____ ANY OCCUPANT OVER 18 MUST COMPLETE APPLICATION

APARTMENT NUMBER	UNIT TYPE	REQUESTED MOVE 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 OCCUPANTS (NAMES OF ALL PERSONS UNDER THE AGE OF 18)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP

APPLICANT #1 RESIDENCE

PRESENT ADDRESS - RENT___ OWN___			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 YEARS) RENT___ OWN___			FROM	TO	
CITY	STATE	ZIP	PHONE NUMBER		PHOTO ID CHECKED _____
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	DATE AND INITIALS _____

APPLICANT #1 STATUS: () EMPLOYED FT () EMPLOYED PT () STUDENT () RETIRED () NOT EMPLOYED

EMPLOYER	POSITION	MONTHLY INCOME	FROM	TO	MANAGER'S REVIEW ____ APPROVED ____ NOT APPROVED
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR		
PREVIOUS EMPLOYER (IF WITHIN 12 MONTHS)	POSITION	MONTHLY INCOME	FROM	TO	DATE AND INITIALS REASON: _____
BUSINESS ADDRESS	CITY	STATE	SUPERVISOR		
INCOME SOURCE OTHER THAN EMPLOYMENT		PHONE # AND CONTACT TO VERIFY	AMOUNTS		

APPLICANT #2 RESIDENCE (IF DIFFERENT FROM APPLICANT #1)

PRESENT ADDRESS - RENT___ OWN___			FROM	TO	RESIDENT NOTIFIED DATE _____
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	SPOKE WITH: _____
PREVIOUS ADDRESS (IF WITHIN 3 YEARS) RENT___ OWN___			FROM	TO	
CITY	STATE	ZIP	PHONE NUMBER		
NAME OF LANDLORD AND/OR OFFICE			RENT AMOUNT	PHONE NUMBER	

