

LEASE APPLICATION

LANDMARK REALTY COMPANY

8150 Creekwood Dr.
Davison, MI 48423
(810) 743-9302
Landmark@davisoncreekwood.com

Davison Creekwood

A \$25.00 NON-REFUNDABLE fee is charged for a Credit Report. This is payable to Landmark Realty in the form of a MONEY ORDER ONLY.

Bldg. _____ Apt. _____
Address _____
Unit Type _____
Move in Date _____
Lease Term _____
Application Taken By _____
Application Approved By _____

Security Deposit	\$ _____
Non-Refundable Cleaning Fee	\$ _____
Rent	\$ _____
Prorate Rent Fee	\$ _____
Credit Report	\$ _____
TOTAL	\$ _____
Less Deposit	\$ _____
BALANCE DUE	\$ _____

(Please Print)

Date _____ Total number of persons to occupy unit _____
1st Applicant's Name _____ Birth date _____ Age _____
Social Security Number _____ Drivers License Number _____
Present Address _____ City _____ State _____ Zip _____
Dates at present address: From _____ To _____ Monthly Rent \$ _____ Home Phone # _____
Landlord / Mortgage Co. _____ Phone # _____
Previous Address: _____ City _____ State _____ Zip _____
Dates at previous address: From: _____ To: _____
Landlord / Mortgage Co. _____ Phone # _____
Have you ever been evicted from or broken a lease at any apartment community? Yes No
If so, name of apartment(s) and for what reason: _____

2nd Applicant's Name _____ Birth date _____ Age _____
Social Security Number _____ Drivers License Number _____
Present Address _____ City _____ State _____ Zip _____
Dates at present address: From _____ To _____ Monthly Rent \$ _____ Home Phone # _____
Landlord / Mortgage Co. _____ Phone # _____
Previous Address: _____ City _____ State _____ Zip _____
Dates at previous address: From: _____ To: _____
Landlord / Mortgage Co. _____ Phone # _____
Have you ever been evicted from or broken a lease at any apartment community? Yes No
If so, name of apartment(s) and for what reason: _____

Child's Name _____ Birthdate _____ Age _____ Social Security # _____
Child's Name _____ Birthdate _____ Age _____ Social Security # _____
Child's Name _____ Birthdate _____ Age _____ Social Security # _____

1. Have you ever been convicted of a crime other than a misdemeanor driving offense? _____
If so, explain: _____
2. Do you or any member of your household have any condition or limitation that would impair your ability to live in a typical apartment community without assistance or special accommodations? If so, explain _____
3. Do you or any member of your household have any condition that would impair your ability to properly maintain your apartment? If so, explain: _____

Equal Housing Opportunity

EMPLOYMENT INFORMATION

1st Applicant's Employer: Address: Phone #: Supervisor: Position: Annual Income:\$ Period of Employment From: To Previous Employer: Period of Employment From: To Other source of income: Total Annual Income:

2nd Applicant's Employer: Address: Phone #: Supervisor: Position: Annual Income:\$ Period of Employment From: To Previous Employer: Period of Employment From: To Other source of income: Total Annual Income:

CREDIT CHECK

BANK REFERENCES Savings Account Checking Account Account Number Account Number

AUTO LOANS Financed With Acct. No. Monthly Payment Financed With Acct. No. Monthly Payment

AUTOS OWNED Make & Year License No. State Make & Year License No. State

CHARGE ACCOUNTS Name Account Number Name Account Number Name Account Number

PERSONAL REFERENCES

Name: Address: City: State: Zip: Phone No.:() Affiliation:

Name: Address: City: State: Zip: Phone No.:() Affiliation:

Subject to management's approval, the undersigned applicant(s) hereby make(s) application to lease the apartment described herein for the term and at the rental amount set forth.

As an inducement to the management to approve this application, the undersigned applicant(s) warrant(s) that all of the representations set forth in this application are true and complete or shall be deemed for cause for rejection.

Applicant(s) understand(s) that the deposit is acknowledged as a non-interest bearing deposit. In the event applicant(s) cancel(s) within 48 hours of the above date the deposit will be refunded to the applicant(s). Otherwise the management will retain the deposit to recover the costs of processing this application. In the event this application is rejected, the deposit less the credit report fee of \$ will be returned to the applicant(s).

CERTIFICATION: I understand that the above information is confidential. I hereby certify that I have examined this application and that the above information made here is to the best of my knowledge and ballot a true and complete application made in good faith. I also give my permission to have any of the above statements verified by utilizing reports from any credit-reporting agency.

X 1st Applicants Signature Date

X 2nd Applicants Signature Date

FOR OFFICE USE ONLY

Income Verified: Yes No Date:

LANDMARK REALTY CO.

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

TELEPHONE #: _____
FAX #: _____

DATE: _____ APT.# _____
DEVELOPMENT NAME: _____
APPLICANT/RESIDENT: _____
APPLICANT/RESIDENT: _____

FROM: LANDMARK REALTY CO.
8150 CREEKWOOD DR.
DAVISON, MI 48423
(810) 743-9302
Landmark@davisoncreekwood.com

In order to comply with federal regulations requesting verification of all income, assets and allowances, please complete the following information and return it as soon as possible to the above address by facsimile transmission or first class mail. Thank You.

AUTHORIZATION:

I hereby authorize release of any information requested by **LANDMARK REALTY CO.** regarding my income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature

Social Security Number

Applicant/Resident Signature

Social Security Number

TERMS AND CONDITIONS

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my rental eligibility.

The information obtained will only be used for determining rental eligibility and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.