

Intent to Lease Page (Application Below)

Please fill items in Bold

Agent	<u>Justen &amp; Associates</u>	Office	<u>Max Broock Realtors</u>
Phone #	<u>248-730-5411</u>		
<b>Property Address</b>	<u></u>		<u></u>
<b>Monthly Rent Offer</b>	<u></u>		<u></u>
<b>Term</b>	<u></u>	<u></u>	<u></u>
<b>Other Notes</b>	<u></u>	<u></u>	<u></u>
Agent E-mail	<u>aliasjus@gmail.com</u>		<u></u>

Along with this application:

Please include verification of employment, tax returns or paystubs, credit report, and if necessary bank statements or any other supporting data.

## Application Agreement

Along with this application please include employment verification, credit report, and employment and previous landlord references.

Name	_____	Birth Date	_____
Social Security #	_____		
Driver's License #	_____	State	_____
Present Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Home Phone	_____	Work Phone	_____
Other Phone	_____	Fax Number	_____
E-mail	_____		

### Employment Information

Employer	_____	Position	_____
Date of Hire	_____	Gross Monthly Income	\$ _____
Business Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Supervisor Name	_____	Phone	_____
<b>If Less than Two (2) Years</b>			
Previous Employer	_____		
Supervisor Name	_____		
Business Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Phone	_____	How Long?	_____

### Occupant Information

Total # of Occupants	_____		
Name	_____	Birth Date:	_____
		Relationship	_____
Keys?	_____		
Name	_____	Birth Date:	_____
		Relationship	_____
Keys?	_____		
Name	_____	Birth Date:	_____
		Relationship	_____
Keys?	_____		
Name	_____	Birth Date:	_____
		Relationship	_____
Keys?	_____		
Pets?	Yes	Type	_____
		Weight	_____
		Number?	_____

### Credit Information

Landlord/Mortgage Holder Name	_____	Phone	_____
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Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Move In Date \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
 Home Owner \_\_\_\_\_ Renting \_\_\_\_\_ Living with Family \_\_\_\_\_  
 Are you presently under a lease term? No \_\_\_\_\_ Yes \_\_\_\_\_ Lease Expiration Date \_\_\_\_\_

**If Less Than Two (2) Years**

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Move In Date \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
 Checking # \_\_\_\_\_  
 Savings # \_\_\_\_\_

**Within the last 2 years have you:**

Declared Bankruptcy?	No	_____	Yes	_____	Date	_____
Been Evicted?	No	_____	Yes	_____	Date	_____
NOT fulfilled a lease term?	No	_____	Yes	_____	Date	_____

If yes, please give reason: \_\_\_\_\_  
 \_\_\_\_\_

**Automobile Information**

Make	_____	Model	_____
Year	_____	Plate	_____
		Color	_____
Make	_____	Model	_____
Year	_____	Plate	_____
		Color	_____

**Notify in Case of Sickness or Accident**

Name	_____	Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
	Relationship _____		Relationship _____

- If applicant has misstated the number of persons to occupy the unit, or if applicant has made any misstatement of fact or if applicant fails to complete the application. Lessor may cancel the application and/or lease without notice.
- I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION A CREDIT REPORT, RENTAL HISTORY INVESTIGATION AND AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING.
- The above information, to the best of my knowledge, is true and correct.
- ALL PERSONS OVER 21 YEARS OF AGE OCCUPYING UNIT MUST COSIGN LEASE.
- We would like to take this opportunity to inform you: This Company has a NO CASH Policy. All Move-In Monies must be in the form of Cashier's Check or Money Order.

- A deposit is required to secure a unit or for placement on the Priority Waitlist. It will be returned if the application is cancelled within 72 hours of the application date or if the application is denied because the applicant does not meet the Company's qualifying criteria. It is forfeited if cancellation occurs after 72 hours.

Applicant's Signature	_____
Dated:	_____
Witness:	_____
Dated:	_____

