

APPLICATION FOR RENTAL

TODAY'S DATE: _____

ADDRESS YOU ARE APPLYING FOR: _____ RENT PER MONTH: _____

HOW MANY IN HOUSE: _____ PET(S): _____

APPLICANT

CO-APPLICANT

NAME: _____

NAME: _____

SOCIAL SECURITY # _____

SOCIAL SECURITY# _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS _____

PRESENT ADDRESS: _____

PRESENT ADDRESS: _____

ZIP: _____

ZIP: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

ZIP: _____

ZIP: _____

EMPLOYMENT HISTORY

EMPLOYER: _____

EMPLOYER: _____

POSITION: _____

POSITION: _____

SUPERVISOR: _____

SUPERVISOR: _____

EMPLOYER'S PHONE # _____

EMPLOYER'S PHONE # _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

RENTAL HISTORY

CURRENT LANDLORD: _____

ADDRESS _____ PHONE: _____

PREVIOUS LANDLORD: _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT: NAME: _____ RELATIONSHIP _____ PHONE #: _____

Answer ALL questions below

- | | |
|---|----------|
| 1. Have you ever been sued for bills? | Yes / No |
| 2. Have you ever been bankrupt? | Yes / No |
| 3. Have you ever broken a lease? | Yes / No |
| 4. Have you ever been sued for eviction or non payment of rent? | Yes / No |
| 5. Have you ever been convicted of a felony? | Yes / No |

Note: if you have answered Yes to any of these five questions, please explain on a separate sheet.

*APPLICANT(S) HEREBY GIVE(S) AUTHORIZATION TO SECURE A CREDIT REPORT AND TO CONTACT ANY PERSON REFERRED TO ON THIS APPLICATION FOR VERIFICATION OF INFORMATION PROVIDED.

*APPLICANT(S) ALSO GIVE PERMISSION TO THE SPALY GROUP, INC. TO PROCESS CREDIT REPORT THROUGH TRANSUNION.

*APPLICATION MAY BE DROPPED OFF AT 726 PACKARD, ANN ARBOR, MI 48104 OR FAX TO (734) 769-6020 OR EMAILED TO

CONTACT@SPALYGROUP.COM

*DEPOSIT IS NON-REFUNDABLE IF APPROVED BY LANDLORD AND APPLICANT(S) DECIDE(S) NOT TO RENT PROPERTY.

SIGNATURE

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