

RESIDENTIAL RENTAL APPLICATION PLEASE FAX BACK TO (248) 817-2398

APPLICATION FOR PROPERTY AT: _____

HOW DID YOU FIND OUT ABOUT THIS PROPERTY: _____

APPLICANT'S FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ TAG NUMBER: _____

PHONE NUMBERS: (HOME) _____ (WORK) _____ (CELL) _____

CO-APPLICANT'S FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ TAG NUMBER: _____

PHONE NUMBERS: (HOME) _____ (WORK) _____ (CELL) _____

PRESENT ADDRESS: _____

HOW LONG AT ADDRESS: _____ RENTAL AMOUNT: _____ RENT/OWN _____

LANDLORD'S NAME: _____ PHONE: _____

REASON FOR MOVING: _____

APPLICANT'S EMPLOYER: _____

POSITION: _____ SALARY: _____ HOW LONG: _____

SUPERVISOR: _____ PHONE: _____

CO-APPLICANT'S EMPLOYER: _____

POSITION: _____ SALARY: _____ HOW LONG: _____

SUPERVISOR: _____ PHONE: _____

SOURCE OF OTHER INCOME: _____ AMOUNT: _____

TWO CREDIT REFERENCES – NAME AND PHONE NUMBERS: _____

NAMES AND AGES OF THE PEOPLE WHO WILL OCCUPY THE PROPERTY: _____

WILL YOU HAVE ANY PETS ON THE PROPERTY? _____ HOW MANY _____ WHAT KIND _____

AS OF WHAT DATE DO YOU WANT TO START RENTING THE PROPERTY? _____

IN CASE OF EMERGENCY CONTACT: _____ PHONE _____

We hereby authorize PETREVSKI CONSULTING INC. to obtain a credit report and information from the above sources. We understand that providing any false information may be grounds for rejection of the application and termination of a lease agreement. This is only an application. Possession of the premises can not be assured until this application has been approved and a lease agreement has been signed.

APPLICANT

DATE

CO-APPLICANT

DATE

Information contained herein is deemed reliable but not guaranteed to be accurate and is subject to change without notice.