

PLEASE NOTE:
 This form may be completed by hand or on your computer, but if completed on the computer, the results will NOT save. Therefore, you must print it or you will lose all entered data.

"I have received the Criteria for Application Acceptance and the Apartment Accessibility Notice _____"



THORNRIDGE APARTMENTS



LEASE APPLICATION

1000 THORNRIDGE DRIVE, GRAND BLANC, MI 48439 PHONE: (810) 695-0850 FAX: (810) 695-9433

The undersigned applicant hereby affirms to the Lessor, THORNRIDGE APARTMENTS, that all of the information provided by him/her herein is complete, accurate and truthful.
APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS PROVIDED

APPLICANT'S FULL NAME: _____		Date of Birth _____	
PRESENT ADDRESS: _____		City _____	State _____ Zip _____
TELEPHONE # w/Area Code _____		Cell # _____	SOCIAL SECURITY #: _____
PREVIOUS ADDRESS: _____		City _____	State _____ Zip _____
DRIVER'S LICENSE NO: _____		EMPLOYER: _____	
EMPLOYER'S ADDRESS: _____		EMPLOYER'S TELEPHONE # w/Area Code: _____	
SUPERVISOR: _____		YOUR CURRENT OCCUPATION: _____	
NET EARNINGS PER MONTH: _____		OTHER INCOME PER MONTH (SSI, Child Support, etc): _____	
NAME AND ADDRESS OF BANK: _____			
SAVINGS ACCOUNT NUMBER: _____		CHECKING ACCOUNT NUMBER: _____	

ALL PAYMENTS AND OUTSTANDING OBLIGATIONS

Creditor	Original Amount	Current Balance	Monthly Payment

LANDLORD AND/OR MORTGAGEE INFORMATION

PRESENT LANDLORD/MORTGAGEE NAME: _____		PHONE # _____	
ADDRESS: _____		City _____	State _____ Zip _____
PREVIOUS LANDLORD/MORTGAGEE NAME: _____		PHONE# _____	
ADDRESS: _____		City _____	State _____ Zip _____
CURRENT MONTHLY RENT/MORTGAGE PAYMENT: \$ _____			

OCCUPANT INFORMATION

TOTAL NUMBER OF PERSONS TO OCCUPY THE APARTMENT: _____		18 yrs. or Older?	
OCCUPANT NAME: _____	RELATIONSHIP _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OCCUPANT NAME: _____	RELATIONSHIP _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OCCUPANT NAME: _____	RELATIONSHIP _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

VEHICLE INFORMATION

HOW MANY VEHICLES WILL BE KEPT AT THIS ADDRESS: _____					
MAKE: _____	MODEL: _____	YEAR: _____	LICENSE PLATE# _____	STATE _____	COLOR _____
MAKE: _____	MODEL: _____	YEAR: _____	LICENSE PLATE# _____	STATE _____	COLOR _____
MAKE: _____	MODEL: _____	YEAR: _____	LICENSE PLATE# _____	STATE _____	COLOR _____
MAKE: _____	MODEL: _____	YEAR: _____	LICENSE PLATE# _____	STATE _____	COLOR _____

PET INFORMATION

TYPE OF PET: _____	DECLAWED & NEUTERED/SPAYED? <u>Not Applicable</u>
PET AGREEMENT TO BE SIGNED AND NON-REFUNDABLE PET FEE TO BE PAID ON DAY OF MOVE IN	

CRIMINAL HISTORY

1. Have you ever been convicted of or pleaded "guilty" or "no contest" to a felony?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Have you ever been convicted of or pleaded "guilty" or "no contest" to a misdemeanor involving sexual misconduct?	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Have you or any person listed on this application ever lived at Charter Oaks, Shannon Manor, or Thornridge Apartments before? No

NOTICE: BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE. YOUR SIGNATURE AUTHORIZES OWNER TO DO A CREDIT AND BACKGROUND CHECK, INCLUDING BUT NOT LIMITED TO A CONSUMER CREDIT REPORT AND LANDLORD VERIFICATION AND TO VERIFY ALL INFORMATION CONTAINED HEREIN.

ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE AGREEMENT

APPLICANT SIGNATURE: _____ DATE: _____

Application taken by: _____ DATE: _____

FOR OFFICE USE ONLY

Proposed Move In Date: _____ Apartment number: _____ Date Approved: _____

Income: _____ Credit History: _____ Landlord Reference: _____ Date Denied: _____

LEASE APP. 10/2009 Reason Denied: _____ Denied By: _____