

APPLICATION GUIDELINES

THANK YOU FOR YOUR INTEREST IN OUR RENTAL PROPERTIES!

We understand that moving is a big step and you are anxious to hear about your application. To help expedite the process please be sure to remit all required information listed below. Once all required documentation is received please allow 2 business days to process.

PROPERTY APPLYING FOR: _____
MONTHLY RENT \$ _____ SECURITY DEPOSIT \$ _____ DESIRED MOVE IN DATE: _____
REFERRED BY: _____
AGENTS NAME: _____ PHONE NUMBER: _____
AGENTS EMAIL: _____

✳ APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL REQUIRED INFORMATION ✳

- Please complete the attached Credit Application, Verification of Rent and Verification of Employment.
- EVERY ADULT THAT IS 18 & OVER WHO WILL BE RESIDING AT THE PREMISES MUST FILL OUT AN APPLICATION, MUST BE NAMED ON THE LEASE AND IS REQUIRED TO SIGN THE LEASE - NO EXCEPTIONS.**
- A copy of ALL Applicants Driver's License and Social Security Card is required.
- Proof of income is required.
 - If applicant(s) is currently working, a copy of the most recent Pay Stub is required.
 - If you are including benefits such as Social Security, Disability or Child Support as part of your income, please include documentation showing this income.
 - If you are self employed please provide the last 2 years tax returns for yourself and business.
 - Proof of funds is required to show you have the funds available to move-in (*i.e. bank statement*). This would include 1st month's rent plus 1 ½ month security deposit.
- Section 8 Tenants must include a copy of your current Voucher.
- Full name and age of all intended occupants under the age of 18 are required.
- A \$25 application processing fee which is due at the time of presenting application to the management company, payable to Motor City Property Managers.

Deposits are not required until your application is approved. However, properties cannot be held without a deposit. All properties will continue to be marketed until the FULL Security Deposit is received.



We are an equal opportunity housing provider. We fully comply with the Federal Fair Housing Act. We do not discriminate against any person because of race, color, sex, handicap, family status, or national origin. We also comply with all state and local fair housing laws.

RENTAL APPLICATION

All Parties **OVER THE AGE OF 18** Intending to Occupy the Property **MUST** Complete an Application

Applicant Information:

Name:		Drivers License #:	
Date of Birth:	SSN:	Cell Phone:	
Work Phone:		E-Mail:	

PROPERTY THAT YOU ARE APPLYING FOR:

Rent Amount: \$	Desired Move-In Date:
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Current Address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Monthly Payment/Rent: \$	How long?
Landlord:			Phone:
Reason for Leaving:			Evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Address (if less than 5 years):			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Monthly Payment/Rent: \$	How long?
Landlord:			Phone:
Reason for Leaving:			Evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicants Financial Information:

Bank/Institution Name:		<input type="checkbox"/> Checking	Account # _____
		<input type="checkbox"/> Savings	Account # _____
Car Payment: <input type="checkbox"/> YES <input type="checkbox"/> NO	Current Loans:		
Amount: \$	Debts & Obligations:		
Credit Card Bank/Institution:		Current Balance:	
Any other source of Income that you would like us to consider?			

Applicants Employment Information:

Current Employer:			
Employers Address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Monthly Gross Pay: \$	
Previous Employer (if less than 2 year):			
Employers Address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Monthly Gross Pay: \$	

Additional Occupants: Full Name & Age of ALL Occupants Residing in Property *UNDER 18 YEARS OLD*

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Applicants General Information:

When would you like to move in?	Do you or anyone living in the property smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO
Why are you moving from your current location?	
Do you have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, List Breed, Weight, Age & Color/Name:	
Have you ever been served a late rent notice? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been served an eviction notice? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had any reoccurring problems with a previous Landlord? If Yes, please describe.	

Emergency Contact:

Person <u>NOT</u> residing with you:	Relationship:		
Address:			
City:	State:	ZIP Code:	Phone:

References:

Name:	Address:	Phone:

I certify that all the information provided is accurate to the best of my knowledge & I consent to authorizing the verification of said information provided as to my credit, previous landlord(s) & employment(s). I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application to rent and does not constitute a rental/lease agreement or acceptance of my application in whole or part. I hereby authorize Global Realty, LLC on behalf of Motor City Property Managers to order a consumers credit report for my rental application.

APPLICANT'S SIGNATURE:	DATE:
PRINT NAME:	SOCIAL SECURITY #:

PLEASE SUBMIT APPLICATION TO: Motor City Property Managers, LLC
 FAX: (586) 261-2027 ♦ E-MAIL: rentals@MovingTheMotorCity.com ♦ MAIL: 32525 Mound Road Warren, MI 48092

FOR OFFICE USE ONLY:

Deposit on File: <input type="checkbox"/> NO <input type="checkbox"/> YES – Amount: \$_____
APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED by: _____ Date: _____
Move-In Date: _____

EMPLOYMENT VERIFICATION

THE INDIVIDUAL BELOW HAS SUBMITTED A RENTAL APPLICATION. PLEASE PROVIDE THE REQUESTED INFORMATION BELOW AND FAX OR E-MAIL THIS FORM BACK TO OUR OFFICE.

APPLICANTS INFORMATION

Applicant Name: _____ Date: _____
Last First M.I.

Property Applying For: _____

I hereby authorize the release of information requested. Upon completion, return requested information to the Landlord.

Applicants Signature

IF EMPLOYED LESS THEN 12 MONTHS WITH CURRENT EMPLOYER, PREVIOUS EMPLOYER MUST ALSO COMPLETE FORM.

Name of Contact: _____

Title: _____ Phone: () _____

MUST BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER

Company: _____

Address: _____
Street Address Suite/Unit #

City State ZIP Code

Is the applicant an employee of your company? YES NO Full Time/Part Time? _____

What is the period of employment? START DATE: _____ END DATE: _____

Applicant's current position? _____

What was the applicant's starting salary? \$ _____ Current salary? \$ _____

What were the applicant's job responsibilities? _____

If no longer employed, what was the reason for leaving? _____

Would you rehire this applicant? YES NO

I understand by signing this, the above information is true to the best of my knowledge.

Employers Signature

Date

EMPLOYER MUST RETURN THIS FORM TO:

FAX: (586) 261-2027 ATTN: Tara E-MAIL: RENTALS@MOVINGTHEMOTORCITY.COM
MAIL: 32525 Mound Road Warren MI 48092

RENTAL VERIFICATION

THE INDIVIDUAL BELOW HAS SUBMITTED A RENTAL APPLICATION. PLEASE PROVIDE THE REQUESTED INFORMATION BELOW AND FAX OR E-MAIL THIS FORM BACK TO OUR OFFICE.

APPLICANTS INFORMATION

Applicant Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City Zip

Property Applying For: _____

I hereby authorize the release of information requested. Upon completion, return requested information to Landlord.

Applicants Signature

IF YOU RESIDED LESS THEN 2 YEARS WITH CURRENT LANDLORD, PREVIOUS LANDLORD MUST ALSO COMPLETE FORM.

Name of Contact: _____ Phone: () _____

MUST BE COMPLETED BY CURRENT/PREVIOUS LANDLORD

Company: _____

Address: _____
Street Address Suite/Unit #
City State ZIP Code

Rent Amount: \$ _____ Has Lease Expired? YES NO Period of Residency? Start: _____ End: _____

of Late Rent Payments: _____ # of NSF's: _____

Has the Individual complied with all community policies? _____

Does this Individual keep an animal on the premises? _____

If so, has the animal at any time caused a problem or been a nuisance? _____

Is the applicant an employee of your company? YES NO

What was the applicant's reason for leaving? _____

Would you re-rent to this applicant? YES NO

I understand by signing this, the above information is true to the best of my knowledge.

Landlord Signature

Date

LANDLORD MUST RETURN THIS FORM TO:

FAX: (586) 261-2027 ATTN: Tara OR E-MAIL: RENTALS@MOVINGTHEMOTORCITY.COM
MAIL: 32525 Mound Road Warren MI 48092