

# 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.**
- 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 1<sup>st</sup> 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.
- \$35 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 full deposit. All properties will continue to be marketed until the FULL Security Deposit is received. Properties cannot be held for more than 30 days. \*\*Please see Deposit Agreement for terms and conditions.***



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:

<b>Rent Amount:</b> \$	<b>Desired Move-In Date:</b>
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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: \$

<b>Additional Occupants:</b> Full Name & Age of <u>ALL</u> Occupants Residing in Property <b>*UNDER 18 YEARS OLD*</b>			
<b>Applicants General Information:</b>			
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			
<b>If YES, List Breed, Weight, Age, Color &amp; Name:</b>			
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.			
<b>Emergency Contact:</b>			
Person <u>NOT</u> residing with you:			Relationship:
Address:			
City:	State:	ZIP Code:	Phone:
<b>References:</b>			
Name:	Address:		Phone:
<p>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, criminal history, previous landlord(s) and employment(s). I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that a deposit of any kind or this is an application to rent and does not constitute a lease agreement or acceptance of my application in whole or part. I hereby authorize Motor City Property Managers to order a consumer's credit and criminal report for my rental application. I acknowledge that I have been informed and understand the terms and conditions of Motor City Property Managers Deposit Agreement. I understand that a property cannot be held without a full deposit. I understand that a property cannot be held for more than 30 days of the deposit date. I understand that failure to sign a lease and move in within 30 days of the deposit date will result in the forfeiture of any deposit.</p>			
APPLICANT'S SIGNATURE:			DATE:
PRINT NAME:			SOCIAL SECURITY #:

**PLEASE SUBMIT APPLICATION TO: Motor City Property Managers, LLC**

**FAX: (586) 261-2027 ♦ E-MAIL: Rentals@MotorCityPropertyManagers.com ♦ MAIL: 32515 Mound Road Warren MI 48092**

***www.MovingTheMotorCity.com***

# 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: RENTALS E-MAIL: RENTALS@MOTORCITYPROPERTYMANAGERS.COM  
MAIL: 32515 MOUND ROAD WARREN MICHIGAN 48092

# 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: RENTALS E-MAIL: RENTALS@MOTORCITYPROPERTYMANAGERS.COM  
MAIL: 32515 MOUND ROAD WARREN MI 48092