**APPLICATION FOR RESIDENCY**

Please email all applications to [info@fordestatesllc.com](mailto:info@fordestatesllc.com) or you can fax the to 1-877-76-FAXIT (1-877-763-2948), be sure to include the code 21583 on the cover sheet of the fax. If you do not have access to a fax machine or email you may send copies via regular mail service to Ford Estates, LLC 2885 Sanford Ave SW #21583 Grandville, MI 49418. Thank you for taking the time to fill out an application for residency, we look forward to reviewing your application. Please note that smoking and pets over 25 pounds are not permitted in any properties. Please note that incomplete applications will be discarded.

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| Applicant Information (Please list all tenants over the age of 18) | | | |
| **Full Name**  (First, Middle, Last) | **Birth Date**  (mm/dd/yyyy) | **Social Security #**  (xxx-xx-xxxx) | **Driver’s License #**  (State, Number) |
|  |  |  |  |
| **Other Names You Have Used In The Past** | **Cell Phone #**  (xxx-xx-xxxx) | **Email Address**  (xxxx@xxxxx.com) | |
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| **All Other Proposed Occupants**  (List Full Names) | **Birth Date**  (mm/dd/yyyy) | **Relationship to Applicant**  (Daughter, Son, Mother, Friend, etc) | |
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| Rental/Residence History | | | |
|  | **Current Residence** | **Previous Residence** | **Prior Residence** |
| **Street Address** |  |  |  |
| **City, State, Zip** |  |  |  |
| **Monthly Rent** |  |  |  |
| **Landlord Name** |  |  |  |
| **Landlord Number** |  |  |  |
| **Reason For Leaving** |  |  |  |
| **Dates of Residency (From/To)** |  |  |  |
| **Were You Asked to Move (Y/N)** |  |  |  |

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| Employment History | | | |
|  | **Current Employment** | **Previous Employment** | **Prior Employment** |
| **Company Name** |  |  |  |
| **Job Title** |  |  |  |
| **Monthly Gross Pay** |  |  |  |
| **Dates of Employment** |  |  |  |
| **Supervisor Name** |  |  |  |
| **Supervisor Number** |  |  |  |
| **Full or Part Time** |  |  |  |
| **Hours Per Week** |  |  |  |

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| Vehicle Information (Please provide information on all vehicles to be parked at property) | | | |
| **Make and Model** | **Color** | **Year** | **License Plate** |
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| Credit History | | | | | | | | |
| **Checking & Savings Account Information** | | | | | | | | |
| **Bank Name** | | **Routing Number** | | | **Account Number** | | | **Current Balance** |
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|  | |  | | |  | | |  |
| **Credit Card Debt** | | | | | | | | |
| **Institution Name** | **Current Balance** | | | **Institution Name** | | | **Current Balance** | |
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| **Other Outstanding Debt** | | | | | | | | |
| **Description** | | | **Outstanding Amount** | | | **Monthly Payment** | | |
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| General Information | |
| **Do any of the people who would be living in the apartment smoke?** |  |
| **When would you be able to move in?** |  |
| **Have you ever been convicted of a felony?** |  |
| **Have you ever been served an eviction notice? If so, when?** |  |
| **How many pets do you have (list Type, Breed, approx Weight & Age)?** |  |
| **Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:** | |
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| **Why are you moving from your current address?** | |
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| **We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?** | |
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| **How did you hear about this rental?** | |
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**ACKNOWLEDGEMENT**

I hereby certify that the above information is true and correct to the best of my/our knowledge. I understand that any false information supplied on this form may cause this application to be disapproved. It is also understood that while approval of this application shall not constitute a contract to rent the aforementioned premises, I agree to sign a rental agreement upon such approval by Ford Estates, LLC. I hereby give permission to employers, banks, rental and credit providers, and other agencies to provide all personal information concerning wages and income, employment, rental and bill paying histories, etc. which might influence the approval of this application to Ford Estates, LLC. I authorize permission that a copy of this may be treated as an original.

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Printed Name Signature Date