APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

Address of Premises Applied	l For:								
Applicant's Name:				Social Security #:				Date of Birth:	
List all persons who will occupy leased premises in addition to the Applicant completing this application:									
Name:									
Name:								Date of Birth:	
Name:								Date of Birth:	
Name:								Date of Birth:	
Current Address:	treet Number/Name	,	Apt. Number	City/State	Zip		☐ Rent	Own	Since
Home Telephone: ()			Business Telephone: ()					
Apartment Community/Mortg	age Company	Address		City/State	Zip		Telephor	ne	Monthly Payment \$
Street Number/Name Previous Address:	Apt. Nun	mber	City/State	Zip			☐ Ren	t 🗖 Own	Since
Apartment Community/Mortg	age Company	Address		City/State	Zip		Telephor	ne)	Monthly Payment
	ame			Business Address	;		Telephor	ne	
Present Employer:						Gro)	Ext.
Position:	ame		Supervisor:	Business Address			thly Income Telephor		Since:
Previous Employer:	ame			Dusiness Address	•		()	Ext.
Desition			Cunaminan			Gro			Cinna
Position: Other Sources of			Supervisor:			MOI	thly Income	3.	Since:
Monthly Income: Name Full Address Zip Telephone									
Nearest Relative:								()	
Name Full Address Zip Personal Reference:								Telephone	
	ame		Full Address			Zip		Telephone	
Driver's License Number:		Automobile Year/M	Make/Model/Color	License Pla	te Number	Automobile Year/	Make/Mode	el/Color	License Plate Number
PARKING IS RESTRICTED. CHECK RESIDENTIAL OCCUPANCY STANDARDS FOR DETAILS									
N	ame		City/State		ount Number	DOTOR BETAILS		Telephone	
Bank Reference:	Type(Breed) Weight/Age			nt/Age: Type(Breed) Weight				() e	
Pets:				Т	Nes D.	adala.			
OCCUPANCY DATE REQUESTED:		DESIRED TEF OF LEASE:	RM		Non- Refur Application	ree = \$50.00			
All persons and entities identified above, and any court(including any state or county office maintaining criminal and sexual offense records) or credit information service are hereby authorized to release any requested information concerning me/us, in furtherance of consideration of my/our application and/or in subsequent attempts to collect unpaid obligations arising under a residency established hereunder. I/we hereby waive all rights of action for any consequences resulting from the release of such information. I/we further certify that I/we have read and agree to all entries made hereon and acknowledge that I/we have received a copy of same. I/we do further agree to comply with all of the provisions hereof. Management reserves the right to deny application if false information is provided hereon. I HAVE READ AND AGREE TO THE ABOVE:									
APPLICANT'S SIGNATU	JRE		DATE		CO	MMUNITY AGE	NT		DATE RECEIVED
(Revised: 9/10/04, Supercedes: 11/13/03) NOTES:									

NOTE TO APPLICANT: IF MAILING THIS APPLICATION, PLEASE MAIL TO: Robbins Nest Apartments, 1801 Robbins Nest Lane, Grand Haven, MI 49417