

**APPLICATION FOR TENANCY**

Community _____	Length of Lease _____	
	Unit Type _____	
	Monthly Rental Rate _____	
	Market Rental Rate _____	
Tenant No. _____		Date _____
Apartment Address _____		
Apartment No. _____	Building No. _____	Move In Date _____
Date lease to start _____		Appointment to sign lease _____

\*LANDLORD RESERVES THE RIGHT TO CANCEL THIS APPLICATION IF LEASE IS NOT SIGNED BY THE "APPOINTMENT TO SIGN LEASE" DATE. FAILURE TO SHOW WILL RESULT IN FORFEITURE OF ANY AND ALL DEPOSITS MADE BY APPLICANT.

**OCCUPANCY CONTINGENT UPON PRESENT TENANT VACATING ON OR BEFORE \_\_\_\_\_**

Security Deposit _____	
Rent for first month _____	
commencing _____	
Per diem rent for _____	
partial rent _____	
Total _____	

\*Holding Fee-Deposit (non-refundable after approval)

Credit Card Authorization

Balance Due When Lease Is Signed \_\_\_\_\_

**(Money Order, Cashier's or certified check only)**

**If this application is cancelled by Applicant for any reason, the deposit is forfeited.**

WE ARE AN EQUAL OPPORTUNITY PROVIDER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, HANDICAP OR FAMILIAL STATUS (HAVING CHILDREN UNDER AGE 18)

Applicant's Name _____	Co-Applicant _____
Present Address _____	
Street _____	Apt _____
City _____	State _____ Zip _____
	Phone _____
Present Landlord _____	Phone _____
Applicant's SSN _____	DOB _____ Driver's Lic. No./State ID - Issuing State _____
Employer _____	Applicant's Occupation _____
Phone Number _____	Approx. Annual Income _____ Length of Employment _____
Spouse's SSN _____	DOB _____ Spouse Driver's License No./State ID _____
Employer _____	Occupation _____
Phone Number _____	Approx. Annual Income _____ Length of Employment _____
References (name and address:)	

BANK \_\_\_\_\_

CHECKING ACCOUNT NO. \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_



EQUAL HOUSING OPPORTUNITY



Names of persons to occupy apartment: \_\_\_\_\_  
\_\_\_\_\_

Name/DOB of children to occupy: \_\_\_\_\_  
\_\_\_\_\_

How were you referred to our apartment's? \_\_\_\_\_

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**NO PETS PERMITTED WITHOUT PRIOR WRITTEN PERMISSION**

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The Landlord reserves the right to return any application without stating a reason for so doing. **No tenancy is created by this application.**

Applicant represents to Landlord that information recited in and furnished with this application is accurate and that Landlord is expressly relying upon same. Further, Applicant authorizes Landlord and its agents to conduct whatever credit checks and other investigations concerning Applicant and Spouse (if applicable) as Landlord shall deem appropriate.

**Management Office: Standard Construction Co. \* 100 W. Long Lake - Suite 116 \* Bloomfield Hills, MI 48304 \* (248) 642-8600**

Landlord's insurance does not cover the furniture, furnishings, and personal property located in your apartment, storage & parking area. Landlord disclaims any liability in connection with any loss/damage to same. Tenant must obtain and maintain renter's insurance **naming Landlord as co-insured. Proof of Insurance is required prior to obtaining possession of the rental premises.**

\_\_\_\_\_  
Authorized Personnel

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

