

APPLICATION FOR TENANCY

Complex name: ASHFORD APARTMENTS		Bldg & unit #:	Type of unit:	
Address:		City: SHELBY TOWNSHIP	State: MI	ZIP: 48317
Monthly rent: \$	Resident pays: <input type="checkbox"/> Gas, incl. heat <input type="checkbox"/> Electric <input type="checkbox"/> Heating of Water <input type="checkbox"/> Water <input type="checkbox"/> Garbage			
Holding deposit: \$	Non-refundable application fee (\$25/applicant): \$	Total paid with app: \$	<input type="checkbox"/> Per Ck <input type="checkbox"/> Cert Ck <input type="checkbox"/> MO	
Application date: / /	Proposed lease beginning date: / /	Proposed lease ending date: / /		

NOTE: RENT TO COMMENCE NO LATER THAN BEGINNING DATE OR DATE APARTMENT IS AVAILABLE, WHICHEVER IS LATER

Applicant Information

Name:		Date of birth:		
SSN:	Drivers license #:	Cell Ph:	Work Ph:	
Email address:				
Current address:		City:	State:	ZIP:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		How long?	
Current landlord Name:			Phone:	
Previous address:		City:	State:	ZIP:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		How long?	
Previous landlord Name:			Phone:	
Personal reference #1:		Relationship:	Phone:	
Address:		City:	State:	ZIP:
Personal reference #2:		Relationship:	Phone:	
Address:		City:	State:	ZIP:
Bank:	Address/Branch:	Phone:		
Bank contact:	Checking acct #:	Savings acct #:		

Employment Information

Current employer:		How long?		
Position:		Supervisor:		
Employer address:		City:	State:	ZIP:
Phone:		E-mail:	Fax:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission	Monthly income: \$	Other income per month: \$	Source:	
Previous employer (or college):		How long:	Position/Degree:	

Emergency Contact

Name of a person not residing with you:		Phone:		
Address:		City:	State:	ZIP:
Relationship:				

Co-applicant Information

Name:		Date of birth:		
SSN:	Drivers license #:	Cell Ph:	Work Ph:	
Email address:				
Current address:		City:	State:	ZIP:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		How long?	
Current landlord Name:			Phone:	
Previous address:		City:	State:	ZIP:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment or rent:		How long?	
Previous landlord Name:			Phone:	
Personal reference #1:		Relationship:	Phone:	
Address:		City:	State:	ZIP:
Personal reference #2:		Relationship:	Phone:	
Address:		City:	State:	ZIP:
Name:		Date of birth:		
Bank:	Address/Branch:	Phone:		
Bank contact:	Checking acct #:	Savings acct #:		

Co-applicant Employment Information

Current employer:		How long?		
Position:		Supervisor:		
Employer Address:		City:	State:	ZIP:
Phone:		E-mail:	Fax:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission	Monthly income: \$	Other income per month: \$	Source:	
Previous employer (or college):		How long:	Position/Degree:	

Name of Those to Occupy Leased Premises other than Applicant/Co-applicant

Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:

Applicant's and co-applicant's signature(s) attached below attests to the fact that applicant and/or co-applicant has provided all information truthfully and accurately and have read and agreed to all terms on this and the 2nd page of the application. Applicant/co-applicant acknowledge and authorize landlord to request credit report, employment verification and/or banking confirmation.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Accepted by:	Date:	Rejected by:	Date:	Explanation for rejection:
Complex called by:	Spoke to:	Date:	Acceptance letter mailed by:	Date:
			Rejection letter mailed by:	Date:

APPLICATION FOR TENANCY

1. HOLDING DEPOSIT

No tenancy is created by the signing of this application. Until a lease is properly executed, \$250 submitted with this application shall be regarded as holding funds and not as a security deposit.

2. APPROVAL

All applications are subject to approval by the Owner. A \$25 credit application fee per applicant is due upon completion of this application and is non-refundable. Notification of acceptance or denial of application will be delivered in writing within 10 business days after the application date or sooner if possible. In the case of a denial, applicant will receive a full refund of all holding funds. The Owner reserves the right to deny application without stating a reason therefore.

3. BEGINNING DATE

This application is for the specific apartment indicated on the face of this application and upon acceptance, the said apartment will be reserved for the applicant and said apartment will be made available to applicant as of the proposed lease "beginning date" or as soon as the apartment becomes available, whichever is later. The Owner or his agents shall not be liable if the applicant is unable to enter into and occupy the premises on the date specified or for any reason not within the Owner's control, such as construction delays, the holding over by previous tenants, or for any other reason.

4. LEASE

Upon notification of acceptance from ASHFORD APARTMENTS, the applicant agrees to sign a lease prepared according to the terms of this application and drawn on the standard form as used by ASHFORD APARTMENTS. A copy of said lease form will be made available to applicant for review, upon request, prior to the move-in date.

5. RULES AND REGULATIONS

Applicant recognizes that all facilities are for the exclusive use of the Residents of the complex and if accepted as a Resident, agrees to abide by the terms of the lease to be signed, included all rules and regulations which may be part of the lease or are set forth by the Owner as necessary, including those dealing with all common areas and facilities. A copy of said rules and regulations will be made available to applicant for review, upon request, prior to the move-in date.

6. RENTAL PAYMENTS

Applicant agrees that the full monthly rent will be paid on or before the first day of each month as stated in the lease including the last month of occupancy.

7. CANCELLATION PROCEDURE

Applications may be cancelled within 7 days of the date of the approval of this application. Notice of cancellation must be **received in writing** at ASHFORD APARTMENTS, Rental Office, 48377 Commonview Drive, Shelby Township, MI 48317, not later than 7 days from approval of this application. Applicant will receive, no later than 30 days following the receipt of cancellation, a refund of all holding funds paid with this application. Applications cancelled after 7 days of application approval will forfeit their \$250 holding deposit.

8. THE AGREEMENT

Applicant understands that this application contains the entire agreement between the parties. There are no understandings, promises, or agreements between the parties other than those contained herein. The agreement may not be amended except in writing signed by all the parties hereto.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Leasing Agent Signature: _____ Date: _____

