RESIDENTIAL LEASE APPLICATION

Landlord/Lessor: ___SWM Homes___   Date of Application: _____

Location of Residence: _____

Name of Tenant: _____

Other Names Tenant has used: _____

Current Home Phone Number: _____

Drivers License No. _____ State of Issuance: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: _____ Spouse Name: _____

Children Names: _____

Name of Tenant #2: _____ Date Of Birth: _____

Current Phone No: _____

SS# Tenant #2: _____

Drivers Lic Tenant 2 _____

Email addresses: _____

Who will live in residence except applicant and children?

_____

Place of Employment: _____

Address: _____

Supervisor: _____ Phone: _____

Your Job Title: _____ Work Hours: _____

Monthly Pay: _____ How long at current job? _____

Other sources of income: _____

Do you intend to reside here indefinitely? ☐ Yes ☐ No

-If no, how long? _____

Have you ever filed Bankruptcy? ☐ Yes ☐ No

-If yes, court and cause number? _____

Are you a party to any lawsuit? ☐ Yes ☐ No

-If yes, please describe. _____

Are there any judgments against you? ☐ Yes ☐ No

-If yes, please describe. _____

-Do you have a medical marijuana card or grower's permit? ☐ Yes ☐ No

Bank Name: _____

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

$40 per adult application fee.

For Landlord's Use Only
Rent Amount:
Deposit:
Non-refund Cleaning Fee:
Date Lease to begin:
End of Lease:
Number of Occupants:

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Date: _____

Signed: _____ Date: _____

Do you have any pets that you would like to occupy the residence?   ☐ Yes   ☐ No

-If yes, please describe. _____

Note: This provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit?   ☐ Yes   ☐ No   If yes, provide reason for eviction.

Motor Vehicle Identification: _____

Year	Make/Model	Color	Tag Number

Person to notify in case of emergency: _____   Phone: _____

Present Address: _____   Zip: _____

How long? _____   Reason for leaving: _____

Name and phone # of owner/manager: _____   _____

Previous Address: _____

When? _____   Reason for leaving: _____

Previous Address: _____

When? _____   Reason for leaving: _____

DISCLOSURE OF MANAGER:

The Manager of the Premises is _____   **Phone:** _____
Vita Zacherl   916.749.8386

Address: **P.O. Box 3**   Email: vitazacherlswmhomes@gmail.com

City: **Stevensville**   **State:**   **MI**   **Zip:**   **49127**

OWNER DISCLOSURE: The owner of the premises or a person authorized to act for and on behalf of the owner for the purpose of service of process and receiving and receipting for notices and demands is disclosed as:

Name: SWM Homes   **Phone:** 916.749.8386

Address: **P.O. Box 3**

City: **Stevensville**   **State:**   **MI**   **Zip:**   **49127**

RADON GAS DISCLOSURE. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every State of the United States.   Additional information regarding radon gas may be obtained from your County public health unit.

See also http://www.epa.gov/iaq/radon/

CONSENT TO CREDIT CHECK

I/We, _____, the undersigned applicant(s) authorize landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed: _____   Date: _____

Signed: _____   Date: _____