RESIDENTIAL LEASE APPLICATION

Landlord/Lessor: SWM Homes

Location of Residence:

Date of Application:

SWMHomes.com

Name of Tenant:					
Other Names Tenant has used:					
Current Home Phone Number:					
Drivers License No.	State of Issuance:				
Social Security Number:	Date of Bi	rth:			
Marital Status: Sp	ouse Name:				
Children Names:					
Name of Tenant #2:	e of Tenant #2: Date Of Birth:				
Current Phone No:					
SS# Tenant #2:					
Drivers Lic Tenant 2					
Email addresses:					
Who will live in residence except appl	icant and children	?			
Place of Employment:					
Address:					
Supervisor:	Phone:				
Your Job Title:	Work Hours:				
Monthly Pay:	How long at cur	rent job?			
Other sources of income:					
Do you intend to reside here indefinit	ely?	🗌 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 ca	rd or grower's pe	rmit? 🗌 Ye	es 🗌 No		
Bank Name:					
(Con	tinued on Page 2)			

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.

\$50 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:

Signed: _____

Date: _____

-	ve any pets that yease describe.	you would	like to occup	py the reside	ence?	🗌 Ye	s 🗌 No	
	provision does r ever been evicted		-] No	If yes	, provide r	eason for eviction.
Motor Vehi	cle Identification	:						
Year	Make/Model			C	Color			Tag Number
Person to r	notify in case of e	emergency:			Ph	one:		
Present Add	ress'							Zip:
How long?		Reason for le	aving:					
5	hone # of owner/m							
Previous Ado		<u> </u>						
When?	F	Reason for le	aving:					
Previous Add	dress:							
When?	F	Reason for le	aving:					
	RE OF MANAGER:					Dhanau		
The Manag	er of the Premise	5 15	Vita Zac	herl		Phone:	269.7	69.6822
Address:	P.O. Box 3				mhom	ocoroo		
Addie35.	F.O. DUX J			SWI	IIIIOIII	espiop	erty@gm	lall.com
	tevensville	State:	MI	Zip:	491 2		erty@gm	
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