

**Application Fee: \$20.00 per adult-Cash or Money Order  
Must have Picture ID, Social Security Cards and  
Paycheck stubs (1 month's) for all adults in the  
home.**



**\*Application will not be processed without the above items or if it is incomplete.**

**Home Applied for** Address or Lot number of the home you are applying for \_\_\_\_\_

**Applicant**

Full name of Applicant \_\_\_\_\_

Other legal names used in the past 5 years \_\_\_\_\_

Own or Rent? Current Street Address, City & Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Methods of Communication**

Phone number \_\_\_\_\_ CIRCLE ONE - Landline or Cell phone? Can we Text? Yes or No

Email Address \_\_\_\_\_

**Have you :** (You can explain on a separate piece of paper and attach to this application)

- 1) Been sued for non-payment of rent? \_\_\_Yes \_\_\_No
- 2) Been evicted or asked to move out? \_\_\_Yes \_\_\_No
- 3) Broken a rental or lease agreement? \_\_\_Yes \_\_\_No
- 4) Been convicted of a crime? \_\_\_Yes \_\_\_No

**Current employment**

Name of present employer #1 \_\_\_\_\_ Full time OR Part Time

Address, City/State \_\_\_\_\_ Number of hours per week \_\_\_\_\_

Position \_\_\_\_\_ Date started \_\_\_\_\_ Temporary or Hired in?

Supervisors name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_

Name of present employer #2 \_\_\_\_\_ Full time OR Part Time

Address, City/State \_\_\_\_\_ Number of hours per week \_\_\_\_\_

Position \_\_\_\_\_ Date started \_\_\_\_\_ Temporary or Hired in?

Supervisors name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_

Other sources of income/amount \_\_\_\_\_

**CURRENT & Previous addresses**

**Current** Address \_\_\_\_\_

Present Landlord/OR Person in charge Name/Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Monthly payment \_\_\_\_\_ Date of move-in \_\_\_\_\_ Date of move-out \_\_\_\_\_

Reasons for wanting to leave \_\_\_\_\_

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**Previous Addresses (if within 5 years)**

Previous address \_\_\_\_\_

Present Landlord/ OR Person in charge Name/Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Monthly payment \_\_\_\_\_ Date of move-in \_\_\_\_\_ Date of move-out \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**Previous Addresses (if within 5 years)**

Previous address \_\_\_\_\_

Present Landlord/OR Person in charge Name/Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Monthly payment \_\_\_\_\_ Date of move-in \_\_\_\_\_ Date of move-out \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**\*\*Please list all information for all previous address from the past 5 years on a separate page if there are more \*\*\***

**Household occupancy** Total number of individuals who will be residing in the home upon move in \_\_\_\_\_

**Pets (Please use separate page if there are more)**

List any pets: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

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**Vehicles (Please use separate page if there are more)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

**How did you hear about us?** Name/phone \_\_\_\_\_

**Emergency**

In case of emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

**List all credit obligations with minimum monthly payment:** \_\_\_\_\_

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes Michigan MHC Inc. to verify all of the information in this application and obtain and obtain credit records, employment, residences and other income references and criminal background check on the above listed applicant. A non-refundable charge of \$20.00 will be retained for credit check purposes. I authorize Michigan MHC Inc. to verify the accuracy of all statements in this application. I authorize all employers, landlords and creditors to release all information concerning the applicant for purposes of verifying this applicant's ability to afford the contractual obligations of this lease. If the above applicant has given any false information, Michigan MHC Inc. is entitled to reject the application, and retain all application fees as liquidated damages for Michigan MHC Inc. time and expense in processing this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_