



Credit Application & Move-In

Property: Linden Place
Address: 4192 S. Linden Rd. Flint, MI 48507
Date:

Phone: 810-732-0274
Fax: 810-732-2133
Email:
 lindenplace@drsmhc.com

PERSONAL INFORMATION

 Included Copy of the

Unit No.:		Rent amount:	Date:	Interviewed by:
Name of applicant:			Tel:	Email:
Date of Birth:	Social Security No.:	Driver's License No.:		
How Did You Hear About Us? <input type="checkbox"/> Direct Mail <input type="checkbox"/> Email <input type="checkbox"/> Referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Drive By <input type="checkbox"/> Internet ex. ____				Other: ____
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:				

RESIDENTIAL INFORMATION

Present address:	City:	State:	Zip:
Name of landlord:	Tel:	How long?	\$ Rent:
Previous address:	City:	State:	Zip:
Name of landlord:	Tel:	How long?	\$ Rent:

EMPLOYMENT INFORMATION

Employer:	Address:		
Position:	Tel:	How long? # hours/wk	Salary Hourly rate:
Previous employer:	Tel:	Months?	\$ Salary:
Have you ever been served an eviction notice or been asked to vacate a property you were renting? <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever willfully or intentionally refused to pay rent when due? <input type="checkbox"/> yes <input type="checkbox"/> no			

CO-APPLICANT/SPOUSAL INFORMATION

Name of co-applicant:	Email:	Tel:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
Date of Birth:	Social Security No.:	Driver's License No.:	
Present address:	City:	State:	Zip:
Name of landlord:	Tel:	How long?	\$ Rent:
Previous address:	City:	State:	Zip:
Name of landlord:	Tel:	How long?	\$ Rent:
Employer:	Address:		
Position:	Tel:	How long? # hours/wk	Salary Hourly rate:
Previous employer:	Tel:	How long?	\$ Salary:

VEHICLE INFORMATION

No. of vehicles:	No. recreational vehicles?	List type (boats, motorcycles, etc.):		
Make/Model:	Year:	Color:	License No.:	State:
Make/Model:	Year:	Color:	License No.:	State:

BANK INFORMATION

Bank name:	Address:		
Telephone:	Checking account No.:	Savings account No.:	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?			

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EMERGENCY INFORMATION

Emergency contact person:	Tel:
Address:	Relationship:

PERSONAL REFERENCES

Name:	Email:	Relationship:	Tel:
Name:	Email:	Relationship:	Tel:

ADDITIONAL OCCUPANTS

Name:	Email:	Relationship:	Date of birth:
Name:	Email:	Relationship:	Date of birth:
Name:	Email:	Relationship:	Date of birth:
Name:	Email:	Relationship:	Date of birth:

PET INFORMATION

No. of pets:	Type/breed:	Size:
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MOBILE HOME INFORMATION

Name:	Year:	Size:	No. Beds/Baths:
Serial No.:	Electrical amperes:		Type of heating::
Financed by:	Address:		Tel:

DISCLOSURE

I/We, the undersigned (applicant), freely and voluntarily authorize verification of any and all information set forth on documentation relating to this application, or release of any other information relating to this application, including release of information by any creditor or employer. In addition, I/We voluntarily consent to a criminal background investigation, and release of any information pertaining to arrest or conviction.

The applicant understands and hereby acknowledges that the information referred to above, of certain portions thereof may be protected from disclosure without this signed authorization by federal and state laws. Applicant(s) represents that the information set forth on this document or any other document related to this application is true and complete. The applicant understands that this is an official document governed by state and federal laws.

DRS Communities does not discriminate against any individual due to race, religion, national origin, gender, handicap, martial status, or age.

Applicant signature

Date

Co-applicant signature

Date

MOVE-IN INFORMATION (office use only)

Application approved? <input type="checkbox"/> yes <input type="checkbox"/> no	Move-in date:	Lease dates (from-to):	Renting: <input type="checkbox"/> lot <input type="checkbox"/> home
QUANTITY	TYPE OF CHARGE	AMOUNT	NOTES
	Deposit	\$	
	Credit application	\$	
	Non Refundable Pet Fee	\$	
	Down Payment	\$	
	1 st Month Rent	\$	
	TOTAL MOVE IN	\$	
	Base Lot Rent	\$	
	Bae MH Rent	\$	
	Extra adults	\$	
	Pets	\$	
	Lawn	\$	
	Home Payment	\$	
	Water & Sewer	\$	
	State taxes	\$	
	TOTAL MONTHLY	\$	

