

WAKEFIELD RENTALS ADDRESS # LLC

muskegonrentals@gmail.com 231-638-0091 fax # 332-5920 local

Rental address: _____

	Applicant 1	Applicant 2
Full Name	_____	_____
Address & time there	_____	_____
Phone #	_____	_____
Birth date	_____	_____
Drivers License #	_____	_____
Social Security #	_____	_____
Emergency contact #	_____	_____
\$ Take-home per week	_____	_____
Credit score 1-10 (10 best)	_____	_____
Bankruptcy when	_____	_____
Job name	_____	_____
Job Address	_____	_____
Job contact person.	_____	_____
Job phone #	_____	_____
Time on job	_____	_____
Landlord	_____	_____
Contact # of landlord	_____	_____
Reference (not family)	_____	_____
Reference phone #	_____	_____
Cleanliness 1-10 (10 best)	_____	_____

Names of All People that will be living at the rental property:

AMOUNT RECEIVED FOR FIRST MONTH RENT \$ _____

This amount is for the first month rent. If you are unable to move in because of circumstances that derive from you. The house will be re rented as soon as possible with a charge of \$200 plus any lost rent that will incur up to the full amount of the first month rent. The total cannot exceed the first month rent. Lease starting date will begin upon acceptance of application unless otherwise negotiated. If you are declined your money will be returned within 2 business days. Landlord will also want to see inside the current residence(s) of all applicants after the application is approved and first months rent is received. Tenant pays all utilities. Lease Term- 1 year. **No Pets.**

Applicant Signature ('s) _____
I give landlord or his authorized agent permission to check my / our credit and rental history.

Security Deposit Due before Move in=\$ _____
Lease Start Date _____

THANK YOU,
WAKEFIELD RENTALS ADDRESS # LLC