

APPLICATION FOR OCCUPANCY

Devonshire Commons Apartments
 5419 Meredith Drive
 Portage, MI 49002
 269-327-0149

Interested in Suite: _____
 Proposed Rent: _____

Application Fee: \$35.00
 Security Deposit: _____

1. PERSONAL (Please print)

Applicant		Daytime Phone	Date of Birth		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced
Social Security #		Driver's License #			
Co-Applicant's Name		Daytime Phone	Date of Birth		
Co-Applicant's SSN		Co-Applicant's Driver's License #			
Current Address		City	State and Zip Code		
Previous Address		City, State zip			

2. EMPLOYMENT (Last 2 years)

Present Employer				Work Phone #	
Address		City	State	Zip	
Dates employed?	Monthly Income	Position		Supervisor	
Previous Employer				Phone #	
Address		City	State	Zip	
Dates employed?	Monthly Income	Position		Supervisor	
OTHER INCOME:					
Please Specify					

3. OCCUPANTS

Total Number of Occupants: _____					
Name:		Relationship:		Birth Date:	
Name:		Relationship:		Birth Date:	
Name:		Relationship:		Birth Date:	
Name:		Relationship:		Birth Date:	
Name:		Relationship:		Birth Date:	

5. REFERENCES

Relative:		Relation:		Non-Relative:		Relation:	
Address:		Phone #:		Address:		Phone #:	
Emergency Contact:							
Emergency Contact #:							

PETS: Yes NO If Yes, specify type, number, and size							
Has any signer ever been sued for bills?		Yes	No	Has any signer been sued for eviction?		Yes	No
Has any signer ever filed bankruptcy?		Yes	No	Has any signer been guilty of a felony?		Yes	No
Has any signer ever broke a lease?		Yes	No	His the total move-in amount available now?		Yes	No
Name in which utilites are in?							

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors, and or any other sources deemed necessary to investigate applicant.

All information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR PHOTOCOPY OF THIS FORMAT ANY TIME.

Applicant _____

Date _____

GENERAL RELEASE FORM

I hereby authorize Lakeshore Management or any qualified agent of Lakeshore Management bearing this document, or a copy thereof, to obtain information from all present or former employee, school, police department, financial institution, motor vehicle department, credit agency or person having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I hereby release those individuals or companies from any liability or damage in providing such information. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby further release any individual of Lakeshore Management from any and all liability for damages or whatever kind of nature which my accrue to me on account of reliance by such persons on the information obtained, and termination of my employment based on information obtained after commencement of my employment.

Date: _____

Print Full Name (First, Middle Last) _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

State Where Driver's License Issued: _____

List Other Names Used in the Last Seven Years: _____

Any address outside of **MI** in past 5 years:

County: _____

Signature: _____

CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete entire form.
(All adults must complete a separate form.)

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Full Address: _____
(Street, Apartment Number) (City, State, Zip Code)

Have you ever been convicted of a crime? _____ If yes, when, where, and nature of the offense: _____

Are there any felony charges or warrants pending against you? _____

By signing this application, the undersigned hereby authorizes _____

_____ to investigate and confirm the information stated by the person signing this form.

The undersigned understands and agrees that said investigation may included, but is not limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

Applicant's Signature

Date



LAKESHORE MANAGMENT

RENTAL HISTORY VERIFICATION

Resident Name: _____

Address: _____

Landlord Name: _____

Person Verifying Residency: _____

Proper Notice Given: Yes _____ No _____

Late Payments: Yes _____ No _____

If so, how often: _____

Disorderly: Yes _____ No _____

If so, how many violations: _____

Given the opportunity, would they re-rent to this resident?:
Yes _____ No _____

Comments:

Rental History Verified by: _____

Leasing Agent

Date

EMPLOYMENT VERIFICATION REQUEST

Date: _____

Toll Free (888) 932-1984

To Whom It May Concern:

We are performing a background investigation on the person listed below and request your assistance in confirming the following record of employment. At your convenience and to expedite the process you may call the toll free number to respond to this request. Thank you.

Requested From: _____

Name:

SS#:

AKA:

DOB:

ON RECORD

Has this person ever been in your employee? _____

Yes No

If No, could this person have been a temporary or contract employee? _____

Yes No

If Yes, please provide the name of the temporary agency/contract company. _____

Date of Employment: _____

Yes No

If No, or not listed, please list correct employment dates _____

Yes No

Title: _____

Yes No

If No, or not listed, please list correct title _____

Please list earnings as hourly rate of pay or annual salary. _____

Please indicate bonuses and commissions if they apply. _____

Reason for leaving: _____

Yes No

If No, or not listed, please enter _____

() Voluntary () Discharge () Laid Off () Other _____

Is this person eligible for rehire based on job performance? _____

Yes No

If No, please explain: _____

Overall, would you consider this person's job performance () Below Average, () Average, () Above Average, () Outstanding _____

Please comment on job performance and list applicant's strengths and weaknesses: _____

If you have any questions regarding this form or need additional information, please contact us.

Verified by: _____ Title: _____ Phone # _____

LEASE ADDENDUM FOR CRIME FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree:

1. Neither Resident, nor any member of the Resident's household or guests of other persons affiliated with Resident, shall engage in criminal activity, including drug-regulated criminal activity, on or near the said premises. "Drug related criminal activity" means the illegal manufacturing, sale, distribution, or use of a controlled substance.
2. Neither Resident, nor any member of Resident's household or guest of other persons affiliated with Resident, shall engage in any act intended to facilitate any criminal activity, including, but not limited to drug related criminal activity, on or near the said premises.
3. Neither Resident, nor any member of Resident's household or guest of other persons affiliated with Resident, shall permit the dwelling unit to be used for, or to facilitate, criminal activity, including but not limited to drug related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or otherwise.
4. Neither Resident, nor any member of Resident's household or guest of other persons affiliated with Resident, shall engage in unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance as defined in the state or local law, at any location, whether on or near the dwelling unit premises or otherwise.
5. Neither Resident, nor any member of Resident's household or guest of other persons affiliated with Resident, shall engage in any illegal activity, including prostitution, criminal street gang activity, threatening or intimidating, assault, including but not limited to the unlawful discharge of firearms, on or near the dwelling unit premises, or in any breach of the lease agreement that jeopardizes the health, safety and welfare of the Owner or Management, their respective agents or employees, or of any other tenant, or involving imminent or actual serious property damage as defined in applicable state or local law.
6. Violation of the above provisions shall be a material and irreparable violation of the lease and good cause for immediate termination of tenancy. A single violation of the provisions of this added addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be a good cause of termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but only proof of violation by a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.
8. This lease addendum is incorporated into the lease executed or renewed this day between Owner & Resident.

Tenant Signature _____

Date: _____

Agent/Landlord Signature _____

Date: _____

Updated 11/13/08

Pet Policy Agreement/Addendum

Resident pets are welcomed and allowed only under the following agreed upon circumstances.

1. The resident must be able to care for all aspects of the pet. If it is deemed that the resident is unable to care for the pet or the pet is unmanageable the resident agrees to remove the pet from the premises.
2. Resident agrees to keep the premises clean and sanitary.
3. Resident must produce documentation of veterinary records proving that the pet has received current inoculations including, but not limited to, rabies and feline leukemia.
4. Resident must get written approval from Management for pets other than fish, cats, birds or dogs.
5. Resident agrees that cat must be declawed and spade/neutered and must provide documentation.
6. Resident is responsible for any and all damages caused by the pet and will be billed accordingly.
7. Resident agrees pets are not allowed in common areas or exterior areas except while walking pet. Pets must be kept on a leash at all times.
8. Resident must pick up and discard all pet waste as soon as possible. Dogs must be housebroken and cats must be litter-box trained.
9. Resident agrees dogs over 35 pounds are not permitted on the premises.
10. Resident agrees not to allow dogs deemed vicious or vicious breeds in the resident's apartment. The following breeds are not permitted under any circumstances. American Pit Bulls, Bull Terrier, Doberman Pinschers, Rottweilers, and German Shepherds.
11. Resident agrees to pay an additional \$25 per month pet fee.
12. Resident agrees to pay an additional \$500.00 security deposit.
13. Resident agrees to prevent their pets from disturbing or endangering other tenants. Excessive noise and barking will result in a \$50.00, per occurrence, fine and possible eviction.

I have reviewed and understand this agreement. The permission for me to maintain this pet is given on the understanding and agreement that Preakness and Stonebridge Apartments accepts no responsibility or liability for my pet's actions or conduct, and that the responsibility, control, and liability for the pet are solely my own.

Type of pet _____

Size of pet _____

Address: _____

Resident _____

Date _____

Community Representative _____

Date _____

NEW RESIDENT CONTACT INFORMATION

Please return this form to our office once you have moved in.

TENANT NAME: _____

2ND CONTACT: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____