

BLACKWOOD APARTMENTS RENTAL APPLICATION

2960 Beach Road, Port Huron Twp., MI 48060 (810)310-0527

PROVIDING A CLEAN AND COMFORTABLE LIVING ATMOSPHERE

Date _____

Property Address _____	Number of persons to occupy apt. _____
Term of lease _____	Rental rate _____
Applicant's name _____	Birthday _____
Co-Applicant's name _____	Birthday _____
Present Address _____	Phone Number _____
Children's Name(s) _____	Ages _____
Present Landlord _____	Who to Contact _____
Address _____	Phone Number _____
If you have lived there less than five years what was your previous address _____	

APPLICANT'S EMPLOYMENT INFORMATION

Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Position _____
Monthly Gross Income _____	Social Security # _____

Co-Applicant's Employment _____	How long? _____
Address _____	Who to contact to verify employment _____
Phone # _____	Position _____
Monthly Gross Income _____	Social Security # _____

CO-APPLICANT'S EMPLOYMENT INFORMATION

APPLICANT'S BANKING INFORMATION

Applicant banks at _____	Branch _____
Checking Account Number _____	Savings Account Number _____

IN MAKING THIS APPLICATION IT IS MUTUALLY AGREED BETWEEN BLACKWOOD APARTMENTS AND THE PROPOSED TENANT

- (1) Possession of the above described premises will not be given to the tenant until this application has been verified and approved by the landlord.
- (2) The landlord will either accept or reject the application within three days from the date of application, which the landlord may reject without stating any reason whatsoever for doing.
- (3) If the balance of the first's months' rent and security deposit are not paid within five days after the application is accepted, the said deposit will be forfeited to the landlord as liquidated damages.
- (4) Have you ever been convicted of a felony? Yes _____ or No _____
If Yes than what _____
Failure to report a felony will result in automatic termination of lease.
- (5) If you require a pet for assisted living. You must bring in documentation stating that from a qualified agency along with this application.
- (6) There is a non-refundable Application fee of \$20.00 due with application.
- (7) We must have a copy of Driver's license and Social Security card at the time of application.

Name of nearest relative not living with you _____ Phone # _____

Address _____

Applicant's signature

Date

Make of Automobile

License Plate Number

Drivers License Number

Application was taken by _____

Date _____

BLACKWOOD APARTMENTS

Consent to Background and Reference Check

I authorize Blackwood Apartments to obtain information about me from my credit sources, current and previous landlords and employers and personal references. I authorize my credit sources, current and previous landlords and employers, and personal references to disclose to Blackwood Apartments such information about me as Blackwood Apartments may request.

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Applicant Signature: _____ Date: _____

**** NEED COPY OF DRIVERS LICENSE WITH APPLICATION ****

**** ALL OCCUPANTS 18 AND OVER MUST FILL OUT INDIVIDUAL CONSENT FORM ****

2960 BEACH ROAD, PORT HURON TWP, MI 48060 (810)310-0527 PHONE, (810)385-9909 FAX

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