



RENTAL APPLICATION

4707 Anthony Wayne Dr.
 Detroit, MI 48201
 Phone 313-831-4336/Fax 313-831-2920
university@continentalmgt.com

| APPLICANT INFORMATION - Please complete one application per person over 18 years of age. | | | | |
|---|--|-------------------|---------------|---------------------|
| Last Name | | First Name | | Middle Initial |
| SSN | DOB | Drivers License # | | State |
| Phone #'s | Cell | Home | | Work |
| Email Address | | | | |
| CURRENT ADDRESS | | | | |
| Address | | | | |
| City/State/Zip | | | | |
| <input type="checkbox"/> Rent | Landlord's Name | | Phone # | |
| | Dates at this address | From | To | Monthly Rent \$ |
| | Are you the leaseholder at this address? | | YES | NO |
| <input type="checkbox"/> Own | Mortgage Lender | | Phone # | |
| | Dates at this address | From | To | Monthly Mortgage \$ |
| | | | | |
| PREVIOUS ADDRESS | | | | |
| Address | | | | |
| City/State/Zip | | | | |
| <input type="checkbox"/> Rent | Landlord's Name | | Phone # | |
| | Dates at this address | From | To | Monthly Rent \$ |
| | Were you the lease holder at this address? | | YES | NO |
| <input type="checkbox"/> Own | Mortgage Lender | | Phone # | |
| | Dates at this address | From | To | Monthly Mortgage \$ |
| | | | | |
| OCCUPANT(S) - List all occupants under 18 years of age. | | | | |
| Name | | DOB | Relationship | |
| Name | | DOB | Relationship | |
| Name | | DOB | Relationship | |
| EMERGENCY CONTACT - List the person authorized to take possession of your property in case of an emergency. | | | | |
| Name | | | Relationship | |
| Address | | | | |
| City/State/Zip | | | | |
| Cell Phone | | Home Phone | Work Phone | |
| Email Address | | | | |
| PETS | | | | |
| Will you be bringing a pet(s)? | | YES | NO | How many? |
| If yes, | Type | Breed | Height/Weight | |
| | Type | Breed | Height/Weight | |

| EMPLOYMENT AND SOURCE OF INCOME | | | |
|---|-------|----------------------|---------------|
| Employer's Name | | | |
| Employer's Address | | City/State/Zip | |
| Employer's Phone | | Dates employed From | To |
| Monthly Gross Income | | | |
| Other Source of Income | | Monthly Gross Amount | |
| BANK INFORMATION | | | |
| Bank Name | | Account Type | Account # |
| VEHICLE INFORMATION - List all vehicles registered to you that you will be bringing | | | |
| Vehicle 1 - Make/Model/Color | | License Plate # | |
| Vehicle 2 - Make/Model/Color | | License Plate # | |
| Vehicle 3 - Make/Model/Color | | License Plate # | |
| HOW DID YOU HEAR ABOUT US? Please list all sources. | | | |
| HAVE YOU EVER: | | | |
| Refused to pay rent when due? | YES | NO | |
| Been evicted from a lease or had an eviction filed against you? | YES | NO | |
| Filed for bankruptcy? | YES | NO | |
| Been convicted of a crime? | YES | NO | |
| If you answered yes to any of the above questions, please explain: | | | |
| CANCELLATION AND DENIAL POLICY | | | |
| The application fee is a non-refundable fee. In the event of a cancellation, all applicants are required to provide a written notice of cancellation. If the applicant cancels within 72 hours of application, the holding fee is refunded. If the applicant cancels after 72 hours of application, the holding fee is forfeited. The holding fee is applied to move in costs at the time of move in. Initial _____ | | | |
| SIGNED RELEASE | | | |
| I authorize Screening Reports, Inc.(SRI) to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information listed above. A complete investigation may include any or all of the following: credit report, criminal record, rental history references and personal interviews with above references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all above listed companies to release rental, employment history (including salary) and criminal record information. Screening Reports, Inc. (SRI) 220 Gerry Drive, Wood Dale, IL 60191 Tel: 866.389.4042 Fax: 866.389.4043 | | | |
| APPLICANT'S SIGNATURE | | | DATE |
| | | | X |
| For Office Use Only | | | |
| Bldg# | Unit# | Address | Date Received |
| | | | |

